

PATIENT INFORMATION

PLACE PATIENT LABEL HERE

Date of Request: D/____ M/____ Y/____
Name: _____ Female Male
Address: _____
City: _____ Province: _____ Postal Code: _____

Home Phone: _____
Mobile Phone: _____
Date of Birth: D/____ M/____ Y/____
PHN#: _____

HISTORY AND PRESUMPTIVE DIAGNOSIS

Please provide all relevant information.

FOR REFERRER

Number of repeats/year: _____
(Limit 4 injections per site per year)

Relevant previous imaging:

X-ray Date: _____
Ultrasound Date: _____
MRI Date: _____
Other: _____ Date: _____

CORTICOSTEROID INJECTION, ULTRASOUND GUIDED

Musculoskeletal Procedures - Ultrasound guided

Shoulder

Subacromial Bursa R L
Glenohumeral Joint R L
AC Joint R L
Biceps Tendon (long head) R L
Tendon Calcification R L

Elbow

Elbow Joint R L
Lateral Epicondyle R L
Medial Epicondyle R L
Olecranon Bursa R L

Wrist & Hand

Radiocarpal Joint R L
1st CMC Joint R L
Carpal Tunnel R L
Extensor/DeQuervain's NYLYE R L
Flexor/Trigger NYLYE R L
Ganglion Cyst R L
Other Joint: _____ R L

Knee

Knee Joint R L
Baker's Cyst R L

Hip & Pelvis

Hip Joint R L
Greater Trochanteric Bursa R L
Iliopsoas Bursa R L
Ischial Bursa R L
Symphysis Pubis R L

Ankle & Foot

Ankle Joint R L
Subtalar Joint R L
1st MTP Joint R L
Plantar Fascia R L
Ganglion Cyst R L
Morton's Neuroma R L
Other Joint: _____ R L

Other

Tenotomy R L
Site: fGdYwZm -bXVWhcBt
Other: _____ R L
Site: fGdYwZm -bXVWhcBt

FOR REFERRER - Asses and treat accordingly Free 15 min. consultation

Spinal Procedures- Ultrasound Guided Previous Imaging XR/CT/MR Required

Selective Nerve Root Block C- Spine	Cervical	R	L	<u>NYLYE</u>
	Thoracic	R	L	<u>NYLYE</u>
Costotransverse Joint	L1/L2	R	L	
	L2/L3	R	L	
Facet Injection	L3/L4	R	L	
	L4/L5	R	L	
Medial Branch Block - L Spine	L5/S1	R	L	
	Coccyx SI Joint	R	L	
Cervical Plexus Block				

Caudal Epidural Dexamethasone 8mg - 10mg
5% Buffered Dextrose

MYOFASCIAL (D5W with Anesthetic)

Trigger Point Injection-Site _____

Nerve Hydrodissection -Site _____

MIGRAINE and TMJ TREATMENT

Migraine Assessment visit

Occipital Nerve Block / Hydrodissection

Temporomandibular Joint R L

HYALURONIC ACID

Viscosupplementation & Hydrogel:

Knee R L
DUROLANE **CINGAL**
hyaluronic acid, stabilized single injection

ARTHROSAMID

Tennis Elbow R L
SportVis

SportVis, Cingal & DUROLANE available on site for purchase may be covered by insurance benefits

REGENERATIVE MEDICINE

Biologics & Regenerative Injections:

Platelet-Rich Plasma - Arthrex System

ARTHREX
anogel **ELMI**
SYSTEM

Site: _____

Dextrose Prolotherapy

Site: _____

PATIENT INFORMATION

Medications

Coumadin
Plavix
Other Blood Thinners: _____

Allergies

Xylocaine
Other: _____
Diabetic

All referring GPs will receive a procedure letter with area treated and medication used

Name: _____ Practitioner's ID/Stamp: _____
Copy to: _____
Phone: _____ Fax: _____
Email: _____ Signature _____

A booking coordinator will contact your patient to schedule their appointment. Pain management services may be covered under **Naturopathic Physician Extended Benefits.**

- **Please bring** your extended benefits card to your appointment.
- **Arrive 10 minutes prior to your appointment.** A brief orthopedic online intake form will be emailed
- Allow up to 60 minutes for your Initial visit, 30 to 45 minutes for your follow up appointment and wear comfortable clothing.
- Platelet-Rich Plasma visits will be 75 - 120 minutes
- There are no food or drink restrictions. If you are an insulin-dependent **diabetic**, please ensure you have some juice and/or a small snack after taking your insulin.
- **ALL INTRA-ARTICULAR MEDICATIONS (CORTICOSTEROID AND LONG-ACTING LOCAL ANAESTHETIC) ARE PROVIDED TO YOU AT YOUR APPOINTMENT. IF YOU ARE PRESCRIBED VISCOSUPPLEMENTATION WE OFFER SOME AT DIRECT COST AT OUR FACILITY. OTHERWISE PLEASE BRING THIS MEDICATION WITH YOU TO YOUR APPOINTMENT.**
- Patients are allowed to leave after their exam with no recuperation time required. Exception: Epidural injections will require an additional 15 minutes recovery after the procedure. Epidural injection, with corticosteroids should have a driver.
- Please contact us if you have any questions about these procedures.
- No procedure is provided without screening and appropriate examination, this requisition is to be used as a guide for the treating Physician only and does not constitute that the patient will receive the checked procedure automatically.

Fee Schedule - General Procedures

-All joint Injections performed under ultrasound guidance

-Visit coverage can be applied to extended benefits-

Free Discovery 15 minutes

- If you have questions to discuss treatment options that might help you, a no charge 15 minute phone consultation for you to discuss your situation.

Initial Visit - \$250 - 60 minutes

-The Initial visit is typically up to 60 minutes and includes history taking, diagnostic imaging review, pertinent physical orthopedic testing, diagnostic ultrasound assessment and treatment planning. Includes:

- Trigger point injections
- Corticosteroids, single site
- Perineural Injection Therapy
- Prolotherapy Peripheral joints or axial skeleton
- Administration of Hyaluronic Acid product
- Laboratory testing or pharmacotherapy management

Follow up General 30 minutes- \$195

- Trigger point injections - 1 region
- Corticosteroid in Peripheral joint - 1 site
- Perineural Injection Therapy - 1 region
- Administration of Hyaluronic Acid product - up to 2 sites

Follow up Complex 30 minutes - \$245

- Trigger point injections - 2 regions
- Corticosteroid in Peripheral joint or axial skeleton - up 2 sites
- Perineural Injection Therapy - 2 regions

Neuromodulators

- BOTOX Insurance Migraine Protocol - \$250
- BOTOX Therapeutic Injection - \$10/ Unit

Hyaluronic Acid & Hydrogel

- Cingal - \$600
- Durolane - \$530 Add Cortisone - \$600
- Sportvis - \$420
- Arthrosamid® - \$4400 (Visit included)

Follow up Assessment Visit 30 minutes - \$135

- Non - Procedure visit for planning and assessment
- use of diagnostic ultrasound
- Laboratory testing or pharmacotherapy management

Follow up Assessment Visit 45 minutes - \$185

- Non - Procedure visit for planning and assessment
- use of diagnostic ultrasound
- Laboratory testing or pharmacotherapy management

Fee Schedule - Advanced Procedures

Platelet-Rich Plasma (PRP)

- Arthrex Angel PRP System 1 Site - 75 min- \$1000
- Arthrex Angel PRP System 2 Sites - 90 min- \$1600
- Elmi Custom PRP System 1 Site - 90 min- \$700
- Elmi Custom PRP 2 Sites - 120 min- \$1200

- Prolotherapy Injection Procedure

- Injection Visit - 1 Peripheral site- 30 minutes - \$225
- Injection Visit - 2 Peripheral sites-30 minutes - \$300
- Injection Visit - 1 Spinal Region- 30 minutes - \$250
- Injection Visit - 2 Spinal Regions-30 minutes - \$300

- Caudal Epidural Procedure

- Epidural Visit 30 min - Cortisone, Dextrose or Ropivacaine -\$300