SHiFT IMAGING

SPINE CARE & SPECIAL PROCEDURES

Tel: 1-587-495-9817 **Fax:** 1-587-316-0834

Patient & appointment information

Name
Address
City Province Postal code
Home phone Other phone
Date of birth AHC#/WCB#
Administrative gender ☐ M ☐ F
Identifying gender ☐ M ☐ F ☐ Nonbinary

Referring physician

Name
Clinic
Phone
Fax
Copy to Dr.
PRAC ID Order date

SIGNATURE

Coverage

☐ AB Provincial
☐ Out of province
☐ Industrial
☐ WCB
☐ Self pay
☐ Refugee
☐ Other:

Rapid Access Request

ACUITY: ☐ STAT ☐ URGENT Reason for rapid access request _____

CLINICAL SYMPTOMS

MEDICAL HISTORY

☐ Anticoagulation
☐ Aspirin
☐ Lidocaine allergy
☐ Diabetic
☐ Contrast allergy
☐ Latex allergy
☐ Limited mobility

PAIN SCORE

NONE MODERATE WORST

1 2 3 4 5 6 7 8 9 10

PLEASE CIRCLE BASELINE PAIN LEVEL

Repeat _____ x per year (up to 3)

SPINE CARE INTAKE PROCESS

PART 1
Laterality (mandatory)
☐ Right ☐ Left ☐ Bilateral

PART 2
Symptoms (mandatory)
☐ Mechanical/focal pain
☐ Radicular/nerve compression

PART 3
Referring physician authorization

☐ I consent to the radiologist using their professional discretion to determine the optimal target site and laterality for image-guided intervention, based on the provided clinical history, physical exam findings the day of the procedure and prior imaging studies.

☐ Standing orders are not accepted for first-time spine patients. Additionally, by submitting this request, you acknowledge your responsibility to arrange appropriate clinical follow-up to assess the effectiveness of the treatment.

OUT OF PROVINCE NOTICE
For all out-of-province requests, DICOM imaging disc must be sent to Shift Imaging for radiologist review and protocoling prior to scheduling appointments.

CERVICAL RADICULOPATHY

TRANSFACET EPIDURAL
☐ Pre-assessment x-rays

LEVEL	SIDE
☐ C2/C3	☐ L ☐ R
☐ C3/C4	☐ L ☐ R
☐ C4/C5	☐ L ☐ R
☐ C5/C6	☐ L ☐ R
☐ C6/C7	☐ L ☐ R
☐ C7/T1	☐ L ☐ R

THORACIC FACET DISEASE

FACET DISEASE
☐ Pre-assessment x-rays

LEVEL	SIDE
☐ T1/T2	☐ L ☐ R
☐ T2/T3	☐ L ☐ R
☐ T3/T4	☐ L ☐ R
☐ T4/T5	☐ L ☐ R
☐ T5/T6	☐ L ☐ R
☐ T6/T7	☐ L ☐ R
☐ T7/T8	☐ L ☐ R
☐ T8/T9	☐ L ☐ R
☐ T9/T10	☐ L ☐ R
☐ T10/T11	☐ L ☐ R
☐ T11/T12	☐ L ☐ R
☐ T12/L1	☐ L ☐ R

LUMBAR FACET DISEASE

FACET DISEASE
☐ Pre-assessment x-rays
☐ Step 1 - Facets
☐ Step 2 - Medial Branch Block
☐ Step 3 - Radiofrequency Neurotomy

LEVEL	SIDE
☐ L1/L2	☐ L ☐ R
☐ L2/L3	☐ L ☐ R
☐ L3/L4	☐ L ☐ R
☐ L4/L5	☐ L ☐ R
☐ L5/S1	☐ L ☐ R
☐ Pars block	☐ L ☐ R

LUMBAR DISC DISEASE

☐ Pre-assessment x-rays

EPIDURAL Therapeutic	SNRB Diagnostic	SIDE
☐ L1/L2	☐ L1	☐ L ☐ R
☐ L2/L3	☐ L2	☐ L ☐ R
☐ L3/L4	☐ L3	☐ L ☐ R
☐ L4/L5	☐ L4	☐ L ☐ R
☐ L5/S1	☐ L5	☐ L ☐ R
☐ Caudal	☐ S1	☐ L ☐ R
☐ Interlaminar		

Suggested in patients with no prior CT/MRI and symptoms of nerve compression.

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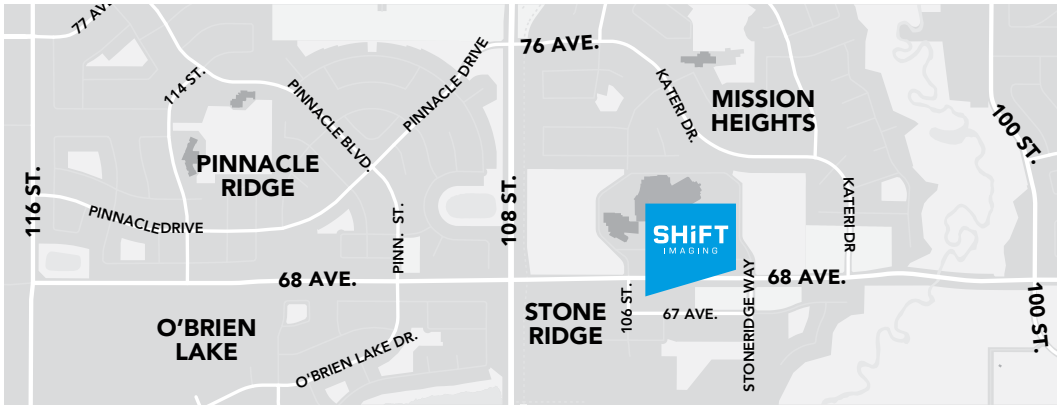

Location

Unit 103 - 10514 - 67 Ave
Grande Prairie, T8W 0K8

Tel: 1-587-495-9817
Fax: 1-587-316-0834
Email: info@shiftimaging.ca
Web: www.shiftimaging.ca

Parking: Plenty of free parking is available onsite

Exam preparation

Please refer to www.shiftimaging.ca for complete instructions.

Pain management

Arrive 15 minutes before your appointment time.

- If you are unable to keep you appointment, please contact us 24 hours prior to your appointment at (587) 495-9817or e-mail info@shiftimaging.ca. If an appointment is not cancelled at least 24 hours in advance of your scheduled appointment, you will be charged a twenty-five dollar ($25) fee. Please note this will not be covered by your insurance company.
- We are unable to accommodate patients in a wheelchair unless the patient has an attendant.
- Please make reception aware of all patient's requirements such as language assistance (other than English), has a hearing impairment, is an assisted adult, has diabetic needs, has allergies (ex.Latex), has a catheter, is in or requires a wheelchair, or any other requirement.
- Remember to bring your Requisition, your Provincial Health Care Card, and Photo ID.
- Our facility is not able to provide child care services, please ensure to arrange child care during your appointment times.

Please refrain from smoking prior to your exam. Wear comfortable, breathable and lightweight clothing that provides easy access the area of concern. You may be provided with a gown depending on the procedure.

SPINE CARE

All spinal procedures require you to have a driver organized for safety reasons. Avoid chewing gum, as this creates bowel gas, obscuring the detail required for us to safely perform your procedure. Tell your doctor if you have a latex or contrast (iodine) allergy, are diabetic and/or taking antibiotics, blood thinners, fear or needles, are prone to fainting, or if you have mobility issues that will require additional preparation time at the facility. All spinal procedures are performed laying on your stomach and it's important you notify the clinic or your practitioner if you're unable to maintain this position. All targeted epidural and selective nerve root blocks require a prior CT or MRI. Patients suffering debilitating back pain with no prior imaging may undergo a trial of caudal epidural.

GENERAL PAIN MANAGEMENT

The majority of these procedures are either performed laying on your back or sitting comfortably in a chair. Tell your doctor if you have a latex or contrast (iodine) allergy, are diabetic and/or taking antibiotics, blood thinners, fear or needles, are prone to fainting, or if you have mobility issues that will require additional preparation time at the facility.

VISCOSUPPLEMENTATION

All medicines must be obtained prior to your appointment. You may either purchase from your local Pharmacist or directly from Shift Imaging. There is no fee associated with the injection.

PLATELET RICH PLASMA

This service is offered in partnership with Orthopedic Surgery Associates, located across the hall. Patients should consider a trial of corticosteroid injection to determine a potential response to treatment. Most patients often encounter worsening of their symptoms the week following the procedure, with a gradual improvement. A diagnostic ultrasound is required prior to this procedure.

X-rays

X-ray services are rendered on a walk-in basis and, while no appointment is necessary, patients will be addressed in order of arrival. You will need to produce your requisition on arrival, electronic copies captured on a mobile device are acceptable so long as the entire form is captured. Inform your practitioner immediately if you are pregnant or suspect that you are pregnant, as x-ray radiation is harmful to the unborn baby and can result in birth defects.

Generally, no special preparation is necessary for this procedure. You'll be asked to remove any accessories, jewelry, clothing or other items that might impede optimal X-ray performance. In the event that you are required to remove your clothing, a gown will be provided. Women between the ages of 11 and 55 will be asked whether they may be or are pregnant; should they answer yes, proceedings will be halted and the necessary alternative action taken.

Lead shielding will be used to obscure body parts not relevant to this examination. Your technologist will position you in one or more ways throughout the course of the examination, in order to obtain the relevant images.

Please visit www.shiftimaging.ca for further information and a complete list of instructions.