CAMIS
Imaging Excellence

Central Alberta Medical Imaging Services
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# SPINAL INTERVENTION REQUEST FORM

Patient's Name _____ A.H.C.# _____

Address _____ Date of Birth _____

_____ Phone Home _____ Work _____

Postal Code _____ Physician _____

- Please fax a copy of the request to Central Alberta Medical Imaging Services Ltd. at (403) 309-0093
- Have patients bring films, MRI, CT reports, requisitions etc. for appointment.
- Patient needs to arrive 15 minutes prior to appointment time.

Exam Type Therapeutic ☐ Diagnostic ☐ *(if the patient does NOT receive pain relief, please reassess the pain generator)*

Clinical Information _____

_____

_____

Anticoagulation Yes ☐ No ☐ n/a ☐ **Anticoagulant Protocol attached?** (comment) _____

Allergy to radiographic contrast/x-ray dye/other medications Yes ☐ No ☐ Diabetic: Yes ☐ No ☐

Pregnant or breast feeding Yes ☐ No ☐

Require patient to be given pain diary: Yes ☐ No ☐

**1.** ☐ **Facet Injection** (steroid/anesthetic) NOTE: Require x-ray and/or nuclear medicine bone scan reports prior to booking.

**2.** ☐ **Medial Branch Blocks**

Cervical Facet

| Right | Left |
|---|---|
| C2-3 ☐ | C2-3 ☐ |
| C3-4 ☐ | C3-4 ☐ |
| C4-5 ☐ | C4-5 ☐ |
| C5-6 ☐ | C5-6 ☐ |
| C6-7 ☐ | C6-7 ☐ |

Lumbar Facet

| Right | Left |
|---|---|
| L1-2 ☐ | L1-2 ☐ |
| L2-3 ☐ | L2-3 ☐ |
| L3-4 ☐ | L3-4 ☐ |
| L4-5 ☐ | L4-5 ☐ |
| L5-S1 ☐ | L5-S1 ☐ |

Medial Branch Block

| Right | Left |
|---|---|
| L1 ☐ | L1 ☐ |
| L2 ☐ | L2 ☐ |
| L3 ☐ | L3 ☐ |
| L4 ☐ | L4 ☐ |
| L5 ☐ | L5 ☐ |
| Sacrum ☐ | Sacrum ☐ |

**Note To Ordering Physician:**

If based on a clinical exam, you are uncertain to the exact level(s) of facet involvement (due to multilevel degenerative changes), a bone scan may be useful in identifying a specific level(s), which may help limit unneccessary injections.

**Thoracic Facet Injection** (specify side and levels) _____

**3. Nerve Blocks** (DIAGNOSTIC) **or Epidural** (THERAPEUTIC) **(require MRI and/or CT reports prior to booking)**

| Lumbar Nerve | Right | Left |
|---|---|---|
| L1 nerve (L1-2 foramen) | ☐ | ☐ |
| L2 nerve (L2-3 foramen) | ☐ | ☐ |
| L3 nerve (L3-4 foramen) | ☐ | ☐ |
| L4 nerve (L4-5 foramen) | ☐ | ☐ |
| L5 nerve (L5-S1 foramen) | ☐ | ☐ |
| S1 nerve (S1 foramen) | ☐ | ☐ |

| Transforaminal Epidural | Right | Left |
|---|---|---|
| (L1-2 foramen) | ☐ | ☐ |
| (L2-3 foramen) | ☐ | ☐ |
| (L3-4 foramen) | ☐ | ☐ |
| (L4-5 foramen) | ☐ | ☐ |
| (L5-S1 foramen) | ☐ | ☐ |
| (S1 foramen) | ☐ | ☐ |

**4. Translaminar Epidural** STEROID INJECTION **(require MRI and/or CT reports prior to booking)** _____

**5. Pars Interarticularis Block** for spondylolysis (specify level and date) _____

**6. Sacroiliac Joint Injection** Right ☐ Left ☐

**For all joint injections, please complete the MSK IMAGING AND INTERVENTION REQUEST FORM**