

## PATIENT INFORMATION

Our Fax: 403.668.4257

Place patient label here

Date of Request D/M/Y \_\_\_\_\_ Home Ph # \_\_\_\_\_ Other Ph # \_\_\_\_\_  
 Name \_\_\_\_\_ ☐ Female ☐ Male  
 Address \_\_\_\_\_ Date of Birth D/M/Y \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ PHN \_\_\_\_\_

## HISTORY AND PRESUMPTIVE DIAGNOSIS

☐ Relevant Imaging on Netcare

☐ Telehealth Consult

*For Law Firms*

☐ Medicolegal Independent Opinion

## MSK REHAB / PHYSIOTHERAPY / STRENGTHENING

### Private Specialist Clinical Consult

The most appropriate exam/procedure will be performed based on the history provided by the referrer.  
 Further exams/tests will be booked if indicated, following the initial consult.

Physician Initial \_\_\_\_\_

☐ Independent Second Opinion

## IMAGE GUIDED PAIN THERAPY

☐ Viscosupplementation (Hyaluronic Acid)  
 (specify type) \_\_\_\_\_  
☐ PRP (Platelet Rich Plasma)  
☐ nSTRIDE  
☐ SportVis

☐ Cortisone (Non-Chondrotoxic)  
☐ Baker's Cyst Aspiration  
☐ Prolotherapy  
☐ Hydrodistention  
☐ MSK Botox

☐ Tendon Fenestration  
☐ Hydrodissection of Scars  
 (For Frozen Shoulder)

## REFERRER INFORMATION

Fax Requisitions To: 403.668.4257

NAME \_\_\_\_\_  
 COPY TO \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

PRACTITIONERS ID/STAMP

SIGNATURE \_\_\_\_\_

# PATIENT INSTRUCTIONS

To Book: [Reception@EliteSportPerformance.Com](mailto:Reception@EliteSportPerformance.Com)

PH: 403.879.8919

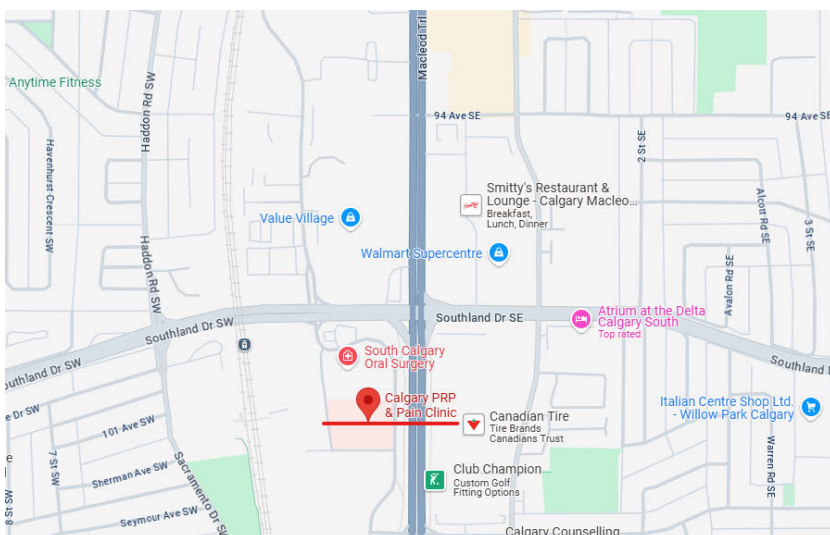
WE WILL CONTACT YOUR PATIENT TO SCHEDULE THEIR APPOINTMENT. PLEASE NOTE WE ARE A FEE FOR SERVICE CLINIC AND ARE NOT COVERED UNDER ALBERTA HEALTH CARE (AHC) UNLESS OTHERWISE INDICATED.

## PREPARING FOR YOUR IMAGE-GUIDED INJECTION APPOINTMENT

- NO anti-inflammatories should be taken for seven days (1 week) prior to and 14 days (2 weeks) after injection. This includes: ibuprofen (Advil, Motrin), naproxen (Aleve), aspirin, diclofenac (Voltaren), celecoxib (Celebrex, arthritis pain formulas etc.). Please note that acetaminophen (Tylenol) is acceptable.
- Although we do not discourage flying locally, there should be NO international flying within 48 hours of receiving your injection.
- NO cortisone injections within 4 weeks of a scheduled injection.
- DIET:
  - The meal prior to your treatment should be low-fat as this improves the quality of Plasma collected from your blood sample.
  - Hydrate well prior to your treatment. Be sure to drink 2-3 cups of water, herbal tea or diluted juice prior to your appointment.
- Sub-patellar PRP or nStride injections require you to rest in the clinic for 60 minutes post injection, with your leg elevated - we recommend this as much as possible for the first 24 hours after treatment. Some people who receive a sub-patellar injection find crutches useful for the first one to two days after treatment.
- Depending on your treatment, you may need to coordinate a ride home by a family member or friend.
- These instructions are only applicable to PRP (Platelet Rich Plasma) injections.

## CORTISONE AND YOUR COVID-VACCINATION

Alberta Health Care (AHC) currently recommends scheduling your COVID-19 vaccine at least 2 weeks prior to your cortisone injection and no sooner than one week after.



**#535, 10333 - Southport Rd  
SW Calgary, AB T2X 3X6**

**We require 48 hours notice to  
cancel or alter your appointment.  
Short notice cancellations will be  
subject to a charge of \$180.**

**CALGARYPRPCLINIC.COM**