

MSK INJURY/REHAB THERAPY/SPORT MEDICINE REQUISITION

PATIENT INFORMATION

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

CHIROPRACTIC

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

- Spinal Manipulation
- ART® (Active Release)
- Graston®
- Medical Acupuncture

CUSTOM BRACING/ORTHOTICS

- Custom Carbon Fiber Orthotics
- Custom Wrist Brace
- Custom Knee Bracing
 - Ligament
 - Unloader
 - Tricompartmental

NATUROPATHIC MEDICINE

- Biochemical/Inflammatory Consult
- Food Sensitivity
- Hormone Testing
- Hydrodissection of Scars

IMAGE GUIDED PAIN THERAPY

- Viscosupplementation (Hyaluronic Acid) (specify type) _____
- PRP (Platelet Rich Plasma) Prolotherapy
- nSTRIDE NT (Neutral Therapy)
- Sportvisc NPT (Neural Prolotherapy)
- Cortisone (Non-Chondrotoxic) Tendon Fenestration
- Joint Aspiration

PHYSIOTHERAPY

- Post Surgical Rehabilitation
- Surgical Pre-habilitation
- Objective Strength Assessment
- Return to Sport Clearance
- IMS / Dry Needling

REGISTERED MASSAGE THERAPY

- Therapeutic Deep Tissue Therapy
- Myofascial Release
- MVA (Motor Vehicle Accident)

REFERRER INFORMATION

NAME _____

COPY TO _____

PHONE _____ FAX _____

ADDRESS _____

PRACTITIONERS ID/STAMP

SIGNATURE _____



ALBERTA'S ONLY PRIVATE KNEE CLINIC REQUISITION

PATIENT INFORMATION

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

CUSTOM BRACING / ORTHOTICS

Custom Carbon Fiber Orthotics

Custom Knee Bracing

Ligament

Unloader

Tricompartmental

Post Meniscal Surgery

Patellar Stabilization

IMAGE GUIDED PAIN THERAPY

Viscosupplementation (Hyaluronic Acid)
(specify type) _____

PRP (Platelet Rich Plasma)

nSTRIDE

Sportvisc

Cortisone (Non-Chondrotoxic)

Baker's Cyst Aspiration

Prolotherapy

NT (Neural Therapy)

NPT (Neural Prolotherapy)

Tendon Fenestration

Hydrodissection of Scars

REFERRER INFORMATION

NAME _____

COPY TO _____

PHONE _____ FAX _____

ADDRESS _____

PRACTITIONERS ID/STAMP

SIGNATURE _____