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 _____

kneeclinic.ca

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Fax: 403.668.4257

WE DO NOT ACCEPT WCB CASES