10003-24th St. SW, T2V 5K3
Tel: (587) 481-7866
Fax: (587) 481-7877
www.southlandemg.com

Ultrasound Referral

Assessment and US Guided Injection

Dr. Serge Mrkobrada MD, MSc, FRCPC, CSCN Diplomate (EMG)

PATIENT INFORMATION (can use label)

Name:_____ Gender:_____

Date of Birth:_____ PHN: _____

Address:_____

Phone: (H)_____ (W)_____

REFERRAL INFORMATION

Priority: Urgent ☐ Routine ☐

Urgent requests must be discussed by direct consultation with Dr. Mrkobrada

Referring practitioner

Name:_____

Phone:_____ Fax:_____

PRACID:_____

Injectables:

Anaesthetic ☐ Side: Left ☐ Right ☐

Corticosteroids ☐

Other (please specify):

Peripheral procedures:

Wrist: Carpal tunnel ☐ Shoulder: Subacromial bursa ☐

First extensor compartment ☐ Long head biceps tendon ☐

First CMC joint ☐ Glenohumeral joint ☐

Elbow: Lateral epicondylitis ☐ Trigger point ☐

Medial epicondylitis ☐ specify area:

Other (please specify):

Patient details

Allergies: Pregnant: Yes ☐ No ☐

Medical history - *please attach all relevant medical history*

Diabetes: ☐ HIV or Hepatitis C: ☐

Is the patient on anticoagulation: Yes ☐ No ☐

Signature: Date:

Please fax completed form to Southland EMG, fax # (587) 481-7877