

# DR. TYLER MALTMAN PROCEDURE REFERRAL FORM

FOR A FULL LIST OF INJECTIONS OFFERED, SEE [WWW.TYLERMALTMAN.COM](http://WWW.TYLERMALTMAN.COM)

## PATIENT INFORMATION

NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_  
DOB: \_\_\_\_\_ WBC#: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ POST CODE: \_\_\_\_\_  
HEALTH CARD NUMBER: \_\_\_\_\_

## CLINICIAN INFORMATION

CLINIC NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ POST CODE: \_\_\_\_\_  
REFERRING CLINICIAN: \_\_\_\_\_  
FAMILY PHYSICIAN/WALK-IN CLINIC: \_\_\_\_\_

## REASON FOR REFERRAL

URGENT  
ROUTINE

## PLEASE SPECIFY TYPE OF INJECTION REQUESTED

### CORTISONE:

FACET JOINTS OF THE SPINE  
TMJ  
SHOULDER  
ELBOW  
WRIST/HAND  
HIP  
KNEE  
ANKLE/FOOT

LEFT      RIGHT      BILATERAL

### HYALURONIC ACID:

KNEE  
HIP  
SHOULDER  
ANKLE

LEFT      RIGHT      BILATERAL

### PROLOTHERAPY:

SPINE  
TMJ  
SHOULDER  
ELBOW  
WRIST/HAND  
HIP  
KNEE  
ANKLE/FOOT

LEFT      RIGHT      BILATERAL

### PRP (NOT COVERED BY INSURANCE):

TENDON  
LIGAMENT  
JOINT

LEFT      RIGHT      BILATERAL

### PERINEURAL INJECTIONS

SPECIFY AREA OF PAIN TO TARGET:

### TRIGGER POINT INJECTIONS

SPECIFY WHICH MUSCLE(S) ARE AFFECTED:



**PLEASE ATTACH ALL RELEVANT IMAGING, LABS,  
AND CONSULTS AS WELL AS PATIENT'S MEDICAL HISTORY.**

109 – 294 VENTURE CRESCENT, SASKATOON, SK S7K 6M1

Phone: (306) 933-0755 • Fax: (306) 477-0016 • Email: [saskatoonpaindoc@gmail.com](mailto:saskatoonpaindoc@gmail.com)



**TYLER MALTMAN**