

✚ Emergency Same Day Appointments Available ✚

Patient Name _____ Today's Date _____

Patient Phone _____

Diagnosis _____

PRECAUTIONS _____

Goals _____

PAIN MANAGEMENT/DIAGNOSTIC AND THERAPEUTIC INJECTION

- | | |
|---|--|
| ☐ Evaluation & Treatment | ☐ Consultation |
| ☐ Pre-Surgical Injection/Diagnostic | ☐ Medication Management |
| ☐ Therapeutic Injection with Fluoroscopy | ☐ Physical Therapy |
| ☐ Diagnostic Ultrasound | _____ times per week for _____ weeks |
| ☐ Ultrasound Guided Injections | |

☐ Epidural Corticosteroid Injection	Level(s): _____
☐ Selective Nerve Root Block	Level(s): _____
☐ Sacroiliac (SI) Injection	Right / Left / Bilateral
☐ Discography	Level(s): _____
☐ Facet Injection	☐ Medial Branch Block
	Level(s): _____
☐ Radiofrequency Ablation	Level(s): _____
☐ Vertebroplasty / Kyphoplasty	Level(s): _____
☐ Spinal Cord Stimulator Trial	
☐ EMG / NCS	Right / Left / Bilateral
	☐ Upper Extremity ☐ Lower Extremity
☐ Other Injection(s) / Intervention	Level(s): _____

Physician's Name _____	Phone _____
Signature _____	

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