ADVANCED PAIN MANAGEMENT

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Patient Name: _____ Date:_____

Referring Physician: _____

Evaluate and Treat:

- ☐ Low Back Pain
- ☐ Lumbar radiculopathy
- ☐ Neck Pain
- ☐ Cervical Radiculopathy
- ☐ Knee pain
- ☐ Hip pain
- ☐ CRPS
- ☐ Neuropathy
- ☐ Headaches
- ☐ Pre & Post- Surgical pain

Evaluate and Consider:

- ☐ Trigger point injections
- ☐ Lumbar epidural steroid injection
- ☐ Cervical epidural steroid injection
- ☐ Lumbar facet injections/Medial Branch Block
- ☐ Cervical Medial Branch Block
- ☐ Kyphoplasty
- ☐ Spinal Cord Stimulator
- ☐ Occipital nerve block
- ☐ Lumbar selective nerve root block
- ☐ Hip steroid injection
- ☐ Sacro-iliac joint injection
- ☐ Knee steroid injection
- ☐ Knee visco-supplementation
- ☐ Platelet Rich Plasma injection

Additional Comments:

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Referring Physician's Signature_____

We accept all government and commercial insurances

PLEASE FAX WITH DEMOGRAPHICS AND CLINICALS TO 281.672.7162