

**REFERRAL FORM**

Patient Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_ Subscriber #: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**DESCRIPTION OF SERVICES:**

**LEVEL:**

**SIDE:**

**Epidural/Interlaminar Steroid Injection**

- Cervical/Thoracic ESI (62321) \_\_\_\_\_
- Lumbar ESI (62323) \_\_\_\_\_

**Facet Joint Injection/Medial Branch Block**

- Cervical/Thoracic ESI (64490) \_\_\_\_\_ R L BIL
- Lumbar ESI (64493) \_\_\_\_\_ R L BIL

**Selective/Transforaminal Nerve Root Block**

- Cervical/Thoracic ESI (64479) \_\_\_\_\_ R L BIL
- Lumbar (64483) \_\_\_\_\_ R L BIL
- SI Joint Injection (27096) \_\_\_\_\_ R L BIL

**Rhizotomy/Neurotomy**

- Lumbar (64635) \_\_\_\_\_ R L BIL

**Ultrasound-Guided Procedures**

- Ultrasound-guided Injections/Dx – hip, shoulder, knee, wrist \_\_\_\_\_ R L BIL

**24 HOURS CANCELLATION NOTICE REQUIRED**

**PRE-PROCEDURE INSTRUCTIONS:**

1. If you request sedation, you will need to have someone drive you home.
2. No food or beverages 2 hours prior to your appointment.
3. Do not take any pain medications the day of your procedure. All other medications may be taken with sips of water.
4. All blood thinning medications (ie. Coumadin and Plavix) need to be held 7 days prior to your injection. NOTIFY your prescribing doctor that you need to hold this medication and follow their instructions.

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_