



Pain Consultants of San Diego

7051 Alvarado Road
La Mesa CA 91942
P: 619-625-1144
F: 619-872-0964

Pain Management

Name: _____ Date: _____

DOB: _____ Home Phone #: _____ Insurance Carrier: Select Insurance

Chief Complaint/Diagnosis: _____

*** PLEASE FAX COPIES OF ANY DIAGNOSTIC REPORTS (MRI, CT, X-RAY, ETC.), AS WELL AS THE MOST RECENT PHYSICIAN'S NOTES, PATIENT DEMOGRAPHICS AND INSURANCE INFORMATION RELATED TO THE PATIENT ALONG WITH THIS REQUEST FORM. ***

Pain Evaluation & Consultation

Diagnostic Nerve Block

Epidural Steroid Injection

cervical thoracic lumbar

Facet Joint injection

cervical thoracic lumbar

Selective Nerve Root Block

cervical thoracic lumbar

Discography

thoracic lumbar

Botox Treatment for Maxillofacial Pain, Migraines and TMJ

Specific Level Desired (If applicable): _____

OTHER: _____

Nucleoplasty (Percutaneous)

IDET Procedure

Lumbar Sympathetic Block

Occipital Nerve Block

Stellate Ganglion Block

Trial Spinal Cord Stimulator

Facet Rhizotomy

Intrathecal Pump/Trial/Refill

Morphine Baclofen other

Referring Physician: _____ Contact Telephone: _____

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