

AUBURN DIAGNOSTIC
IMAGING SERVICES

Merritt Building

Appt Date: _____

Appt Time: _____

Check in _____

Musculoskeletal / Spinal Injections for Pain Management

Please call 253.886.5307 or 800.531.9165 to schedule a patient for an exam and fax this form to 253.886.5326.

Please have the patient bring relevant films from previous exams (CT, MRI, etc.) to the appointment.

PATIENT INFORMATION :

(Please print)

Name: _____ Date of birth: ____/____/____

(Last) (First) (MI)

Home phone: () _____ Work phone: () _____

Address: _____

Allergies (please specify): _____ Clinical Information: _____

Allergies: Yes No Blood thinners: Yes No _____

Prior Imaging Facility: _____

Referring Physician (Print): _____ (Signature): _____

Name of Insurance: _____ Subscriber ID #: _____

SELECTIVE NERVE BLOCKS :

<input type="radio"/> Cervical	<u>Left:</u>	<u>Right:</u>	<input type="radio"/> Lumbar	<u>Left:</u>	<u>Right:</u>	<input type="radio"/> THORACIC: (specify level and side) _____ _____ _____
<input type="radio"/> C3 nerve (C2-3 foramen)	___	___	<input type="radio"/> L1 nerve (L1-2 foramen)	___	___	
<input type="radio"/> C4 nerve (C3-4 foramen)	___	___	<input type="radio"/> L2 nerve (L2-3 foramen)	___	___	
<input type="radio"/> C5 nerve (C4-5 foramen)	___	___	<input type="radio"/> L3 nerve (L3-4 foramen)	___	___	
<input type="radio"/> C6 nerve (C5-6 foramen)	___	___	<input type="radio"/> L4 nerve (L4-5 foramen)	___	___	
<input type="radio"/> C7 nerve (C6-7 foramen)	___	___	<input type="radio"/> L5 nerve (L5-S1 foramen)	___	___	
<input type="radio"/> C8 nerve (C7-T1 foramen)	___	___	<input type="radio"/> S1 nerve (S1 foramen)	___	___	

FACET :

Injection (steroid/anesthetic):

<input type="radio"/> Cervical	<u>Left:</u>	<u>Right:</u>	<input type="radio"/> Lumbar	<u>Left:</u>	<u>Right:</u>	<input type="radio"/> THORACIC: (specify level and side) _____ _____ _____
<input type="radio"/> C2-3	___	___	<input type="radio"/> L1-2	___	___	
<input type="radio"/> C3-4	___	___	<input type="radio"/> L2-3	___	___	
<input type="radio"/> C4-5	___	___	<input type="radio"/> L3-4	___	___	
<input type="radio"/> C5-6	___	___	<input type="radio"/> L4-5	___	___	
<input type="radio"/> C6-7	___	___	<input type="radio"/> L5-S1	___	___	
<input type="radio"/> C7-T1	___	___				

LUMBAR EPIDURAL STEROID INJECTIONS :

(Specify level and side) _____

OTHER :

(Please specify) _____

JOINT & SOFT TISSUE INJECTIONS :

Joints

S1 Joint _____

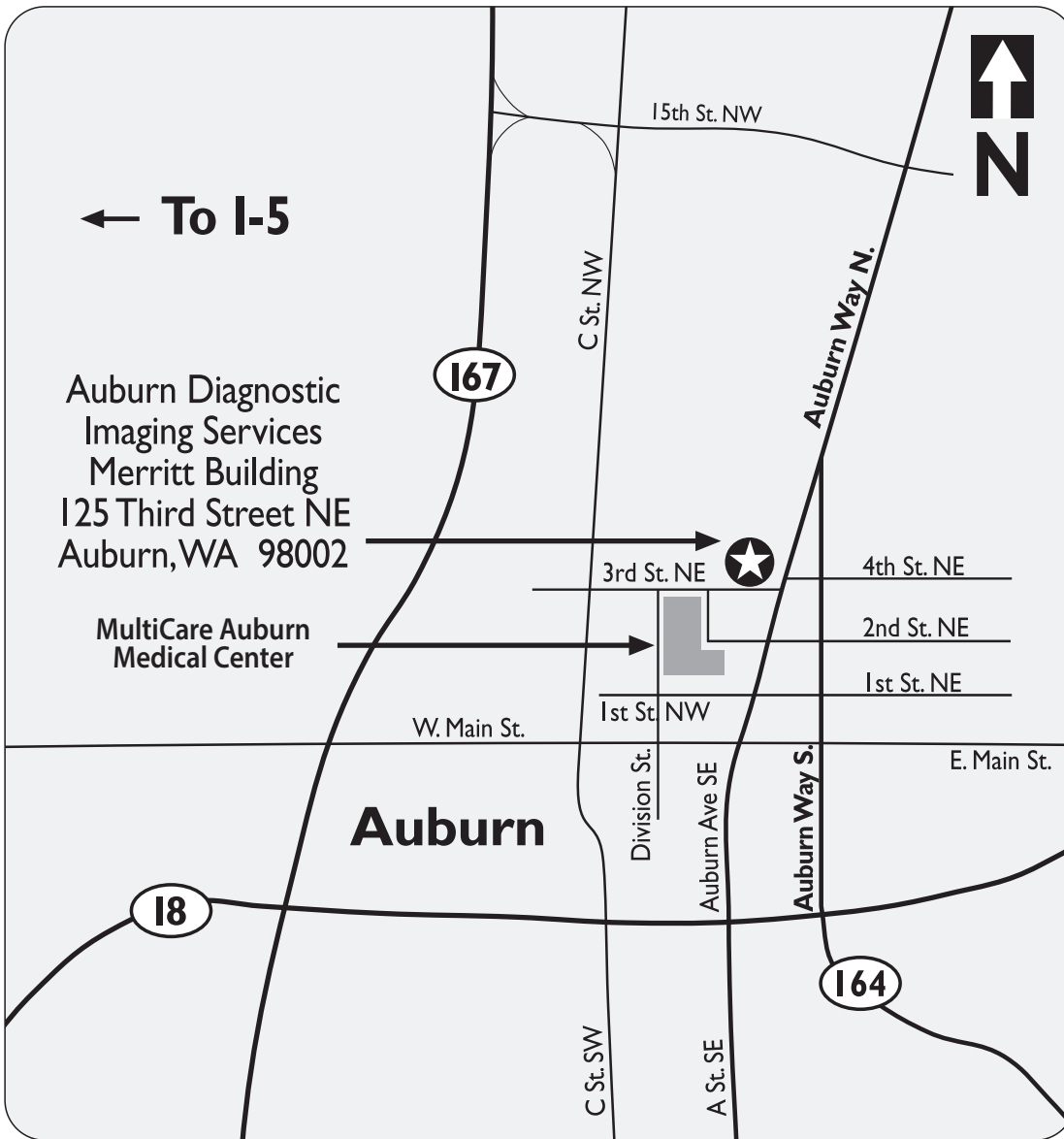
Other Joint (specify) _____

Bursa _____

Other Soft Tissue (specify) _____

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Patient Preparation

Allow 1 hour

Wear comfortable, loose-fitting clothing for the exam. You may be asked to put on a gown. There are no special preparations or diet restrictions for this exam. You may eat and drink normally before and after your procedure. **Blood thinning medication, like coumadin, must be stopped before the procedure. Please check with your doctor.**

No driver needed, but may be preferred.

For more information, please visit www.vrads.com.

Driving directions to the Merritt Building:

From the North (Seattle):

Take Highway 167 S. to the 15th Street N.W. exit. Turn Left onto 15th Street N.W. Turn Right onto Auburn Way N. Stay straight to go onto Auburn Avenue S.E. Turn Right onto 3rd Street N.E. Stop at Merritt Building, 125 3rd St. N.E.

From the South (Tacoma/Olympia):

Take Highway 167 N. to Highway 18 going East. Take the "C" Street S.W. exit. Turn Left onto "C" Street S.W. Turn Right onto 3rd Street N.W. Stop at Merritt Building, 125 3rd Street N.E.