

Medical Associates of North Georgia Pain Management Referral Form

Patient Name: _____	Patient Phone: (_____) _____	
Diagnosis: _____	Referring Physician: _____	Appointment Date: _____
Insurance: _____	Policy Number: _____	Appointment Time: _____
Office Number: 770 479 5535 Fax 770 479 8821		

Pain Management Consult: Steven M. Lobel, MD

Comments regarding patient's medical condition: _____

If a procedure is desired, please choose below.

Procedure	Side	Spinal level (if desired)	Notes/ Comments
Epidural Steroid Injection	L R Both		1. Lumbar radiculopathy, spinal stenosis, herniated and degenerative disk disease 2. Adjunct to allow patient to tolerate PT 3. Provides 3-6 months relief, not done as a series of 3
Dx spinal block	L R Both		Anesthetizes spinal nerve to identify painful segment
Dx Medial Branch Block	L R Both		1. For spinal arthritis/spondylosis 2. Consider C3/4 and TON blocks for occipital H/A's 3. L3-S1 is usual lumbar motion segment
Medial Branch RF	L R Both		1. Done if double diagnostic paradigm is successful 2. Avg relief 422 days in L-spine, 263 days C-spine
Discography			1. Used to identify whether a disc is painful or not 2. At least one control disc should be studied 3. Often used as a pre-surgical staging tool
Sacroiliac Joint Injection	L R Both		1. Low back, buttock, thigh pain; worse with sitting 2. Associated with fall onto buttocks
Sympathetic Blockade	L R Both		1. Useful for the Dx and Rx of CRPS (RSD), chronic abdominal or pelvic pain, H/A's, facial pain 2. Gasserian, Sphenopalatine, Stellate, Celiac, Hypogastric, Gray Rami, Lumbar, Ganglion impar
Spinal Cord Stimulator Trial	L R Both		1. Trial can be done as office based procedure 2. Excellent at relieving neuropathic pain 3. Best for arm/leg pain
Other procedure:			