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IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

REQUEST FOR IMAGE-GUIDED PROCEDURES IN UVA MUSCULOSKELETAL RADIOLOGY

- Please call 434-243-5452 to schedule patient.
Fax this request to 434-243-5668 if procedure at Fontaine.
Send this request with the patient after faxing it.
Have patients bring relevant films, MRI, CT, etc. for appointment.
Appointment Date/Time:
Location (circle): Fontaine Hospital

PATIENT NAME CLINICAL INFORMATION:

REFERRING MD

1) Selective Nerve Blocks

Table with columns for CERVICAL and LUMBAR, and sub-columns for Right and Left. Lists nerve levels from C3 to C8 and L1 to S1 with checkboxes.

THORACIC (specify level and side) Must schedule in CT rather than fluoro

2) Facet Injection (steriod/anesthetic); OR Radiofrequency nerve ablation

Table with columns for CERVICAL and LUMBAR, and sub-columns for Right and Left. Lists facet levels from C2-3 to C6-7 and L1-2 to L5-S1 with checkboxes.

THORACIC (specify side and levels)

3) Lumbar Epidural Steriod Injection

4) Joint & Soft Tissue Injections/Aspiration (specify structure, side, level, etc. USE SEPARATE FORM FOR FEET)

Table with columns for Joints and Soft Tissue. Lists SI Joint, Other joint, Joint aspiration, Bursa, Tendon sheath, Other, and Soft tiss. aspiration with checkboxes.

5) Pars Interarticularis block for Spondylolysis (specify level and side)

6) Discograms (circle levels) Diagnostic/Provocative; OR Therapeutic (steriod/anesthetic)

L1-2 L2-3 L3-4 L4-5 L5-S1

7) Arthrogram (specify joint and side)

8) Other (specify)