

GRANDVIEW/SOUTHVIEW PAIN MANAGEMENT CENTER — DR. NADEEM AHMED

REQUEST FOR PAIN MANAGEMENT CONSULTATION

Please check all relevant impressions or diagnoses:

- | | | |
|--|---|---|
| <input type="checkbox"/> Low back injury | <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Sacroiliitis |
| <input type="checkbox"/> Neck injury | <input type="checkbox"/> Work-related injury | <input type="checkbox"/> Chronic pain syndrome |
| <input type="checkbox"/> Chronic headaches | <input type="checkbox"/> Sports-related injury | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Spinal disc herniation or derangement | <input type="checkbox"/> Vehicular accident injury | <input type="checkbox"/> Compression fracture |
| <input type="checkbox"/> Spinal facet syndrome | <input type="checkbox"/> Myofascial (trigger point) syndromes | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Radiculopathy | <input type="checkbox"/> Arthritis | Injury Litigation: <input type="checkbox"/> Yes <input type="checkbox"/> No |

Referring Physician: _____ Phone: _____ Fax: _____

RE: Patient: _____

Address: _____

Phone: _____ DOB: _____ Insurance: _____

Is being referred to the Grandview/Southview Pain Management Center for evaluation and treatment as indicated to be provided by Dayton Anesthesia & Pain Services LLC.

Please include all pertinent information including history and progress notes, radiology reports, MRI, CT and bone scans.

Comments/specific instructions: _____

Please check #1 or #2: 1. Evaluation and Recommendation Only 2. Evaluation and Treatment

Services provided include:

- | | | |
|---------------------------------------|---|--|
| • Acute and Chronic Pain Management | • Cervical Facet Radiofrequency | • Provocative Discography/IDET Rx |
| • Trigger Point Injection | • Selective Transforaminal Epidural Injection | • Spinal Cord Stimulator Trial and Implantation |
| • Lumbar Epidural Injection | • Stellate Ganglion Block | • Invasive and Non-Invasive Cancer Pain Management |
| • Thoracic Epidural Injection | • Lumbar Sympathetic Block | • Vertebroplasty |
| • Cervical Epidural Injection | • Celiac Plexus Block | • Kyphoplasty |
| • Diagnostic Lumbar Facet Nerve Block | • Occipital Nerve Block | |
| • Lumbar Facet Radiofrequency | • Peripheral Nerve Block | |
| • Cervical Facet Nerve Block | | |

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Fax Southview referrals to (937) 401-7555. You may also call (937) 401-7550.
 Fax Grandview referrals to (937) 723-5251. You may also call (937) 723-3348.

