

IMAGE GUIDED PAIN MANAGEMENT/LUMBAR PUNCTURE



PATIENT SCHEDULING 703.752.7799

Fax 703.698.0864

Schedule online at fairfaxradiology.com

You must bring this prescription with you to your exam

TO AVOID ANY DELAY, ALL INFORMATION IN THIS BOX MUST BE COMPLETED

Patient Name _____ DOB _____ / _____ / _____

Physician Name (Clearly Legible) **FIRST NAME** _____ **LAST NAME** _____

Physician Signature (Required) _____ Date (Required) _____

NO STAMPED SIGNATURE

Physician Office Phone _____

Clinical History/Symptoms _____

Additional Physicians to Receive a Report _____

Please Circle:

Prior FRC CT/MRI imaging? **Y** **N** — If no, patient must bring most recent imaging study and/or report related to area of injection.

In general, all injections are performed under CT guidance with Kenalog and Lidocaine, unless otherwise indicated.

Note: An initial Imaging Correlation and Pre-Injection Consultation with the Radiologist will be needed to determine treatment.

Epidural Injections

☐ Cervical (steroid only)

- ☐ Single Injection
- ☐ 3 Injection Series Over 4-6 Weeks
(8-12 week intervals)

☐ Lumbar (steroid and anesthetic)

- ☐ Single Injection
- ☐ 3 Injection Series Over 4-6 Weeks
(8-12 week intervals)

Selected Nerve Root Injection

☐ Cervical (steroid and anesthetic)

- ☐ Single Injection
- ☐ 3 Injection Series
Over 4-6 Weeks
(8-12 week intervals)

Please Circle:

L **R**

C2	C2
C3	C3
C4	C4
C5	C5
C6	C6
C7	C7

☐ Lumbar (steroid and anesthetic)

- ☐ Single Injection
- ☐ 3 Injection Series
Over 4-6 Weeks
(8-12 week intervals)

Please Circle:

L **R**

L1	L1
L2	L2
L3	L3
L4	L4
L5	L5
S1	S1

Other Injections

- ☐ Hip _____L _____R
- ☐ Sacroiliac Joint _____L _____R
- ☐ Other: _____

Facet Injections

☐ Cervical (steroid and anesthetic)

- ☐ Single Injection
- ☐ 3 Injection Series
Over 4-6 Weeks
(8-12 week intervals)

Please Circle:

L **R**

C2/3	C2/3
C3/4	C3/4
C4/5	C4/5
C5/6	C5/6
C6/7	C6/7
C7/T1	C7/T1

☐ Lumbar (steroid and anesthetic)

- ☐ Single Injection
- ☐ 3 Injection Series
Over 4-6 Weeks
(8-12 week intervals)

Please Circle:

L **R**

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

Image-Guided Lumbar Puncture

- ☐ Opening Pressure
- ☐ Cell Count
- ☐ Glucose
- ☐ Other: _____
- ☐ Large Volume CSF Removal

Extremity Injection/Aspiration

(Ultrasound Guidance)

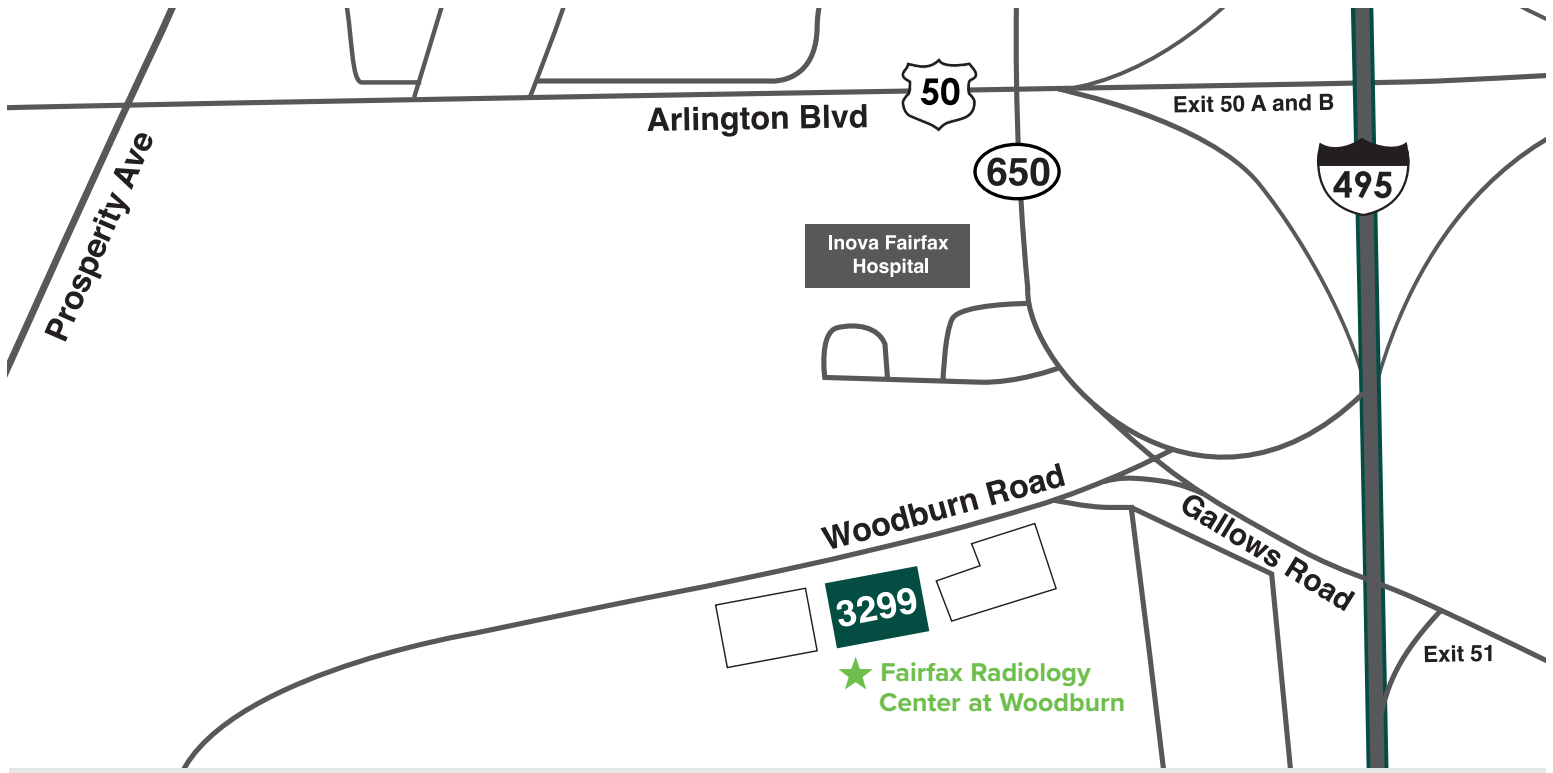
- ☐ Specify Area: _____
- ☐ Notes: _____

Please fax this order to 703.204.9187



MAP OF LOCATION

Also available online at fairfaxradiology.com



★ Fairfax Radiology Center at Woodburn

3299 Woodburn Road, Suite 110
Annandale, VA 22003
703.849.9050 — fax 703.698.4491

Patient Preparation Instructions

- Call 703.752.7799
- All procedures are performed at the Fairfax Radiology Center at Woodburn

● Appointment Date: _____

● Appointment Time: _____

● Location: _____



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- | | |
|--|--|
| <input type="radio"/> Breast Imaging # _____ | <input type="radio"/> Nuclear Medicine # _____ |
| <input type="radio"/> Dental CT # _____ | <input type="radio"/> Pain Management # _____ |
| <input type="radio"/> Thyroid FNA # _____ | <input type="radio"/> PET/CT # _____ |
| <input type="radio"/> MRI # _____ | |

Physician Resources

- ☐ Accessing Patient Reports and Images Online Guide ☐ PET/CT Exam Instructions
- ☐ Dental CT Pricing Guide

TO ORDER SUPPLIES:

- Visit fairfaxradiology.com, under Physician Resources, select Request Referral Pads.
- Fax this form to 703.698.4450 or Call 703.698.4481