



Pain Injections Case Review –

Case Overview: (Mention the case overview here)

| Parameter | Findings | Page Ref |
|---|--|-----------|
| Our File No: | | |
| First Name | | |
| Initial | | |
| Last Name | | |
| DOB | | |
| Pain Details | Etiology of pain:. | |
| | Date of onset of pain: | |
| | Location of pain: | |
| | Diagnosis: | |
| Med 1st Injections | <i>Include date of service followed by the number of injections on that date of service</i> | |
| Med 1st prescriptions | <i>Include the date of service and the prescriptions for that date of service. Do not list a range of dates. We need to know how many pills of each medication were prescribed on each date.</i> | |
| Whether sedation administered | | |
| Drug screen performed? | <i>Drug screen performed” parameter make sure to give result for each date</i> | |
| Condition of the patient as per the last available record? | | |
| Prior Medical History | Past medical history: Past surgical history: Family History: Social history: Allergies: | G-003-004 |

Medical Chronology of Hospitalization Events
(Including Operative Procedure, Reason for Surgery, Complications, Pathology, Findings)

| DATE | PROVIDER | OCCURRENCE/TREATMENT | PDF REF |
|------------|----------|--|---------|
| 01/17/2013 | Med 1st | Prescriptions log | E-001 |
| 01/17/2013 | Med 1st | Questionnaire prior to receiving facet block | E-013 |
| 11/12/2009 | | Lumbar facet joint injection | D-004 |