

PRE PROCEDURE

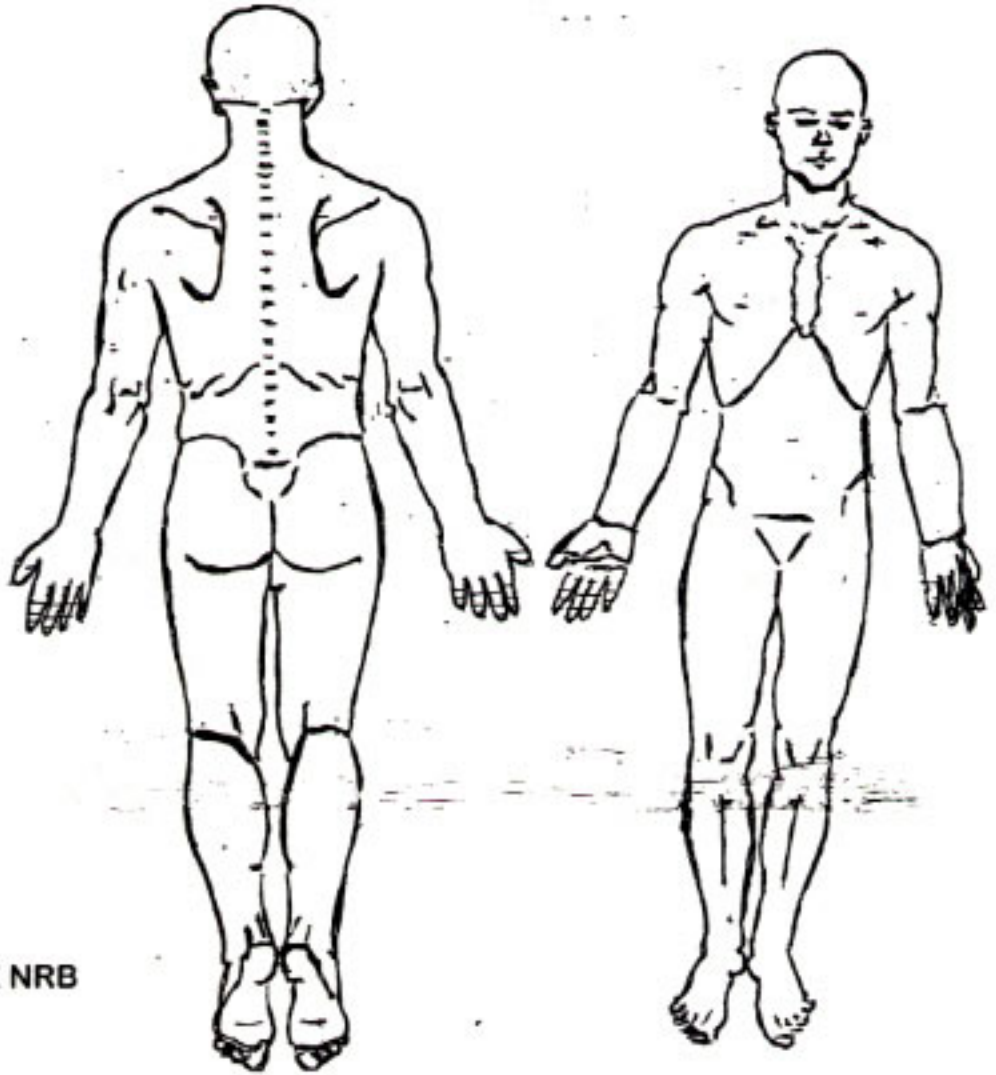
ADDRESSOGRAPH

- ACHES-----Yellow
- PINS & NEEDLES---Green
- STABBING-----Red
- BURNING-----Blue
- NUMBNESS-----Black

Please rate the severity at this time:
0 = Pain Free 10 = Worst Imaginable Pain

0 1 2 3 4 5 6 7 8 9 10

Please color the figure accordingly.



- CERVICAL DISCO
- LUMBAR BLOCK

- EPIDURAL FACET
- CAUDAL SELECTIVE NRB
- SYMPATHETIC OCCIPITAL

Referring Physician: _____

Medication: _____

