When faxing a consultation request please fax the following:

Patient Name and Contact Information
☐ Diagnostic Study Reports
☐ Recent Office Notes
☐ Reason for Consultation:
   ☐ Interventional Workup for neck or back pain
   ☐ Interventional Workup for low back pain
   ☐ Epidural Steroid Injections
   ☐ Facet Joint Injections
   ☐ Sacroiliac Joint Blocks
   ☐ Selective Nerve Root Blocks
   ☐ Trigger Point Injections
   ☐ Radiofrequency Neurotomies
   ☐ Spinal Cord Stimulator Trial
   ☐ Sympathetic Ganglion Blocks (Stellate or Lumbar)
   ☐ Sympathetic Plexus Blocks (Celiac or Hypogastric)
   ☐ Peripheral Nerve Blocks
   ☐ Medication Management or Recommendations
   ☐ Cancer Pain Management