# IPMC PROCEDURE ORDER FORM

Proponent for this form is MCXC-IPMC

TODAY'S DATE: _____ ORDERING PROVIDER: _____

PATIENT'S NAME: _____ DOB: _____

LAST 4: _____ PHONE: _____

DEPLOYMENT RELATED: YES NO CONTRAST ALLERGY: YES NO

HCG ORDERED: YES NO MALE VALIUM NEEDED?: YES NO

## *FLUORO (20 MIN) PROCEDURES*

_____ (ILESI) L4/5 L5/S1 CAUDAL OTHER LEVEL: _____

_____ (TESI) LUMBAR TRANSFORMINAL - L1 L2 L3 L4 L5 S1

_____ (LMBB) T12, L1, L2 L4, L5, ALA L5, ALA.S1

_____ (CESI) C6/C7 C7/T1

_____ (CMBB) C2.C3.TON C3.C4.C5 C4.C5.C6 C5.C6.C7

_____ (SIJ) SACROILIAC JOINT INJECTION

_____ (NB) NERVE BLOCK OF: _____

_____ (OTH) OTHER: _____

**LEFT**

**RIGHT**

**BILATERAL**

## *FLUORO (40 MIN) PROCEDURES*

_____ (LRFA) T12, L1, L2 L4, L5, ALA L5, ALA, S1 OTHER LEVEL:

_____ (CRFA) C2,TON,C3 C4, 5, 6 C5, 6, 7 OTHER LEVEL:

_____ (SIJ RFA) SACROILIAC JOINT RFA

_____ (PRFA) PULSED RFA OF: _____

_____ (SB) SYMPATHETIC BLOCK OF: LUMBAR HYPOGASTRIC CELIAC OTHER: _____

_____ (OTH) OTHER: _____

## *ULTRASOUND (30 MIN) PROCEDURES*

_____ (STE) STELLATE GANGLION BLOCK

_____ (PNB) PERIPHERAL NERVE BLOCK OF: _____

_____ (SNB) SIMPLE NERVE BLOCK OF: _____

_____ (JOI) JOINT INJECTION OF: _____

_____ ***PHILLIPS/AGNELLO*** *- TRIGGER POINT INJECTION OF: _____ (30 MIN)*

_____ ***PHILLIPS*** *- LUMBAR MEDIAL BRANCH BLOCK (30 MIN – WEDNESDAY PM ONLY)*

_____ ***AGNELLO*** *- OSTEOPATHIC MANIPULATION (40 MIN)*