ORTHOPEDIC SPINE PRIORITY ACCESS 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

INDICATION:_____

REMIND PATIENTS:

1. STOP all blood thinners 5 DAYS PRIOR to procedure (INCLUDING NSAIDs)
2. Ensure patient has ESCORT/DRIVER
3. NPO for 6 HOURS prior to procedure
4. HCG for all females of child bearing age within 72 HOURS of procedure
5. No Immunizations within 10 days of steroid injection

EXPEDITED CLINIC VISIT (30 MIN)

CLINICAL QUESTION:_____

_____

OR

FLUORO (30 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**

_____ **(TPI)** **TRIGGER POINT INJECTION/BOTOX OF:**_____

_____ **(NB)** **NERVE BLOCK OF:** _____

_____ **(OTH)** **OTHER:** _____

LEFT

RIGHT

BILATERAL

OR

ULTRASOUND (30 MIN) PROCEDURES

_____ **(STE)** **STELLATE GANGLION BLOCK**

_____ **(PNB)** **PERIPHERAL NERVE BLOCK OF:**_____

_____ **(SNB)** **SIMPLE NERVE BLOCK OF:** _____