



**IMAGE-GUIDED PROCEDURES
FOR HOSPITAL DIAGNOSTIC IMAGING**



VALLEY RADIOLOGISTS
Diagnostic Imaging Service

Please call **425-251-5183** to schedule a patient for an exam and fax this form to **425-656-5009**.
Please have the patient bring relevant films from previous exams (CT, MRI, etc.) to the appointment.

Patient name: _____

Clinical Information: _____

Referring MD: _____

SELECTIVE NERVE BLOCKS

<u>Cervical</u>	<u>Left</u>	<u>Right</u>	<u>Lumbar</u>	<u>Left</u>	<u>Right</u>
C3 nerve (C2-3 foramen)	_____	_____	L1 nerve (L1-2 foramen)	_____	_____
C4 nerve (C3-4 foramen)	_____	_____	L2 nerve (L2-3 foramen)	_____	_____
C5 nerve (C4-5 foramen)	_____	_____	L3 nerve (L3-4 foramen)	_____	_____
C6 nerve (C5-6 foramen)	_____	_____	L4 nerve (L4-5 foramen)	_____	_____
C7 nerve (C6-7 foramen)	_____	_____	L5 nerve (L5-S1 foramen)	_____	_____
C8 nerve (C7-T1 foramen)	_____	_____	S1 nerve (S 1-2 foramen)	_____	_____

THORACIC - (specify level and side) _____

FACET _____ Injection (steroid/anesthetic); OR _____ Radiofrequency nerve ablation

<u>Cervical</u>	<u>Left</u>	<u>Right</u>	<u>Lumbar</u>	<u>Left</u>	<u>Right</u>
C2-3	_____	_____	L1-2	_____	_____
C3-4	_____	_____	L2-3	_____	_____
C4-5	_____	_____	L3-4	_____	_____
C5-6	_____	_____	L4-5	_____	_____
C6-7	_____	_____	L5-S1	_____	_____
C7-T1	_____	_____			

THORACIC - (specify level and side) _____

LUMBAR EPIDURAL STEROID INJECTIONS (specify level and side) _____

JOINT & SOFT TISSUE INJECTIONS/ASPIRATIONS

<u>Joints</u>	<u>Soft Tissue</u>	<u>Laboratory</u>
SI Joint _____	Bursa _____	Gram Stain _____
Other Joint (specify) _____	Aspiration (specify) _____	C+S _____
Joint Aspiration (specify) _____	Other (specify) _____	Crystals _____
		Other _____

DISCOGRAPHY (circle levels) L1-2 L2-3 L3-4 L4-5 L5-S1

If requesting cervical discography, need to discuss with radiologist.