



MANCHESTER MEMORIAL HOSPITAL  
71 Haynes Street, Manchester, CT 06040

ROCKVILLE GENERAL HOSPITAL  
31 Union Street, Vernon, CT 06066

### Manchester Memorial Hospital Pain Management

To Schedule an Appointment, contact Central Scheduling (M-F: 8:00 - 5:00 pm)

Tel: (860) 872-5150 Fax: (860) 474-1700 Toll-Free Fax: (866) 644-6577

Patient Name: \_\_\_\_\_ Appointment Date/Time: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Patient Telephone #: \_\_\_\_\_  
 Insurance: \_\_\_\_\_  
 Duplicate Report(s) to: \_\_\_\_\_  
 Provider Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Provider's Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Symptoms/Reason for Exam: \_\_\_\_\_  
 \_\_\_\_\_

ICD 10 Codes: \_\_\_\_\_

#### PAIN MANAGEMENT

- |  |  |
|--|--|
| <input type="checkbox"/> Epidural Steroid Injection ___ Lumbar ___ Thoracic                  | <input type="checkbox"/> Celiac Block/Neuro Lysis  |
| <input type="checkbox"/> Transforaminal Injection ___ Lumbar ___ Thoracic                    | <input type="checkbox"/> Hypogastric Block   |
| <input type="checkbox"/> Facet Injection ___ Lumbar ___ Thoracic                             | <input type="checkbox"/> Kyphoplasty ___ Lumbar ___ Thoracic   |
| <input type="checkbox"/> SI Injection  | <input type="checkbox"/> Sacroplasty   |
| <input type="checkbox"/> Synovial Cyst Decompression ___ Lumbar ___ Thoracic<br>___ Cervical | <input type="checkbox"/> Vertebral Ablation and Augmentation for<br>Metastatic Spinal Disease ___ Lumbar<br>___ Thoracic |
| <input type="checkbox"/> Trigger Point Injection   | <input type="checkbox"/> Osteopathic Manipulation  |
| <input type="checkbox"/> Knee Steroid Injection  | <input type="checkbox"/> Scar Desensitization  |
| <input type="checkbox"/> Shoulder Steroid Injection  | <input type="checkbox"/> Nerve Entrapment Syndrome Injection   |
| <input type="checkbox"/> Hip Steroid Injection   | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Elbow Steroid Injection   |  |
| <input type="checkbox"/> Genicular Nerve Injection   |  |
| <input type="checkbox"/> Genicular Nerve Ablation  |  |
| <input type="checkbox"/> Spinal Nerve Ablation ___ Lumbar ___ Thoracic<br>___ Cervical       |  |
| <input type="checkbox"/> Diagnostic Pain Consultation  |  |