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Referral Form

Benjamin Taimoorazy, MD Please circle #1 or #2: Fax Transmission 1. Evaluation and Please circle all relevant impressions From: _ Recommendation Only or diagnoses: (Physician Signature) 2. Evaluation and Treatment RE: Low back injury Services provided include: Patient: Neck injury • Acute and Chronic Pain Management • Trigger Point Injection Phone: _ Chronic headaches • Botox Injection DOB: • Lumbar Epidural Injection Spinal disc herniation or derangement • Thoracic Epidural Injection Spinal facet syndrome Insurance: _ Cervical Epidural Injection Is being referred to the Guardian Diagnostic Lumbar Facet Nerve Block Radiculopathy Headache & pain management • Lumbar Facet Radiofrequency Rhizotomy Instituteand for evaluation and treatment. Neuropathy Cervical Facet Nerve Block • Cervical Facet Radiofrequenc Rhizotomy Please include all pertinent information Work-related injury Selective Transforaminal Epidura Injection including history and prognosis, radiology • Selective Transforaminal Epidura Injection Sports-related injury reports or office notes. • Stellate Ganglion Block Lumbar Sympathetic Block Vehicular accident injury Comments/specific instructions: • Celiac Plexus Block Myofascial (trigger point) syndromes Occipital Nerve Block · Peripheral Nerve Block **Arthritis** • Selective Nerve Block Provocative Discography Sacroiliitis • Spinal Cord and Peripheral Nerve Chronic pain syndrome Stimulator Implantation • Invasive and Non-Invasive Cancer Cancer Pain Management Kyphoplasty Compression fracture Sphenopalatine & Gasserian Ganglion Block Other: • Low level LASER treatment · Biofeed back

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