oak Tree medical center

MRI • CT • ULTRASOUND • X-RAY • PRECISION SPINE PROCEDURES

POST PROCEDURE FOLLOW-UP

Patient Name:_____ Date of Procedure:_____

Procedure(s): ☐ Cervical ☐ Thoracic ☐ Lumbar
☐ Transforaminal Epidural / Select Nerve Root Block
☐ Intralaminar Epidural
☐ Facet Joint Block
☐ Facet Radio Frequency Neurotomy
☐ Discogram
☐ Myelogram
☐ Arthrogram
☐ Sympathetic Block
☐ Other:_____

Performed by: ☐ Dr. R. Robert Wycoff ☐ Dr. Jay S. Tsuruda ☐ Dr. Juan Esteva
☐ Dr. Donald Larsen ☐ Dr. George Teitelbaum

PLEASE FILL OUT THIS FORM ON:_____ AND MAIL IT BACK TO US IN THE ENVELOPE PROVIDED.

PAIN OUTCOME:

Is your pain improved? Please check the appropriate box

☐ Alleviated or much improved
☐ Somewhat improved
☐ Same
☐ Somewhat worse
☐ Much worse

How would you rate your pain today? Please circle the answer

PAIN SCALE

0 1 2 3 4 5 6 7 8 9 10

No Pain Extreme Pain

STEROID SIDE EFFECTS

Did you have any of these symptoms for more than 5 days? Please check appropriate box

	Yes	No		Yes	No
Flushing	☐	☐	Headache	☐	☐
Nervousness	☐	☐	Insomnia	☐	☐
Upset Stomach	☐	☐	Increased Heart Rate	☐	☐

PATIENT CARE SATISFACTION

Were you satisfied with the way you were cared for by the staff of the OAK TREE ASC SPINE CENTER? Please check appropriate box

☐ Very Satisfied
☐ Satisfied
☐ Dissatisfied
☐ Very Dissatisfied

COMMENTS: