

# Center for Spine, Joint & NeuroMuscular Rehabilitation



Feel Better. Live Better.

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**Founder &**

**Chief Executive Officer**

Diplomate of the American Board of Physical Medicine & Rehabilitation, American Board of Addiction Medicine & American Board of Pain Medicine

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www.SJMNR.com

Patient Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Primary Care Provider \_\_\_\_\_

Primary Insurance \_\_\_\_\_ Insurance ID # \_\_\_\_\_ *\*Please fax copy of card*

Diagnosis & Symptoms \_\_\_\_\_ Patient weight \_\_\_\_\_

Referring Provider \_\_\_\_\_ NPI # \_\_\_\_\_ Referral Contact \_\_\_\_\_

Referring Office Phone \_\_\_\_\_ Referring Office Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Referral Type:**  Pain Consultation & Management

Procedure Only     Consultation & Procedure Only     Consultation Only

**Interventionalist may determine:**  Procedure Level     Technique/Approach

Physical Therapy Evaluate & Treat Only

## FLUOROSCOPIC PROCEDURES

◆ Denotes consult required

### Discogram

Includes Post Discogram CT

\_\_\_ Cervical ◆ \_\_\_ Lumbar

\_\_\_ Right \_\_\_ Left

Level(s) \_\_\_\_\_

### Epidural Steroid Injection

\_\_\_ Cervical \_\_\_ Thoracic \_\_\_ Lumbar

\_\_\_ Right \_\_\_ Left \_\_\_ Bilateral

Level(s) \_\_\_\_\_

\_\_\_ Translaminar \_\_\_ Transforaminal

\_\_\_ x3 \_\_\_ x2 \_\_\_ x1

### Facet Joint Injection

\_\_\_ Cervical \_\_\_ Thoracic \_\_\_ Lumbar

\_\_\_ Right \_\_\_ Left \_\_\_ Bilateral

Level(s) \_\_\_\_\_

\_\_\_ x3 \_\_\_ x2 \_\_\_ x1

### Hip Arthrogram

\_\_\_ Right \_\_\_ Left

### Ilioinguinal Nerve Block

\_\_\_ Right \_\_\_ Left \_\_\_ Bilateral

### Intercostal Nerve Block

\_\_\_ Right \_\_\_ Left

Level(s) \_\_\_\_\_

### Intrathecal Drug Pump ◆

\_\_\_ Trial \_\_\_ Implantation

### Lumbar Sympathetic Ganglion

**Nerve Block**

\_\_\_ Right \_\_\_ Left

### Medial Branch Nerve Block

**(Facet Nerve Block)**

\_\_\_ Cervical \_\_\_ Thoracic \_\_\_ Lumbar

\_\_\_ Right \_\_\_ Left \_\_\_ Bilateral

Level(s) \_\_\_\_\_

### Occipital Nerve Block

\_\_\_ Right \_\_\_ Left \_\_\_ Bilateral

### Pudendal Nerve Block

### Radiofrequency Neurotomy ◆

**(Facet Denervation)**

\_\_\_ Cervical \_\_\_ Thoracic \_\_\_ Lumbar

\_\_\_ Right \_\_\_ Left \_\_\_ Bilateral

Level(s) \_\_\_\_\_

### Sacroiliac Joint Injection

\_\_\_ Right \_\_\_ Left \_\_\_ Bilateral

### Sciatic Nerve Block

\_\_\_ Right \_\_\_ Left

### Selective Nerve Root Block

\_\_\_ Cervical \_\_\_ Thoracic \_\_\_ Lumbar

\_\_\_ Right \_\_\_ Left \_\_\_ Bilateral

Level(s) \_\_\_\_\_

\_\_\_ x3 \_\_\_ x2 \_\_\_ x1

### Spinal Cord Stimulation ◆

\_\_\_ Trial \_\_\_ Implantation

### Stellate Ganglion Nerve Block ◆

\_\_\_ Right \_\_\_ Left

### Suprascapular Nerve Block

\_\_\_ Right \_\_\_ Left \_\_\_ Bilateral

## EMG / NCS

Upper Extremity  
\_\_\_ Right \_\_\_ Left \_\_\_ Bilateral

Lower Extremity  
\_\_\_ Right \_\_\_ Left \_\_\_ Bilateral

Peripheral Neuropathy  
Testing (Three Limbs)

### Botulinum Toxin

**Treatment ◆ (Botox/Myobloc)**  
Muscle Spasticity, Dystonia  
& Headache

### Joint/Steroid Injections

\_\_\_ Knee \_\_\_ Hip \_\_\_ Shoulder  
\_\_\_ Foot \_\_\_ Hand \_\_\_ Wrist

\_\_\_ Other \_\_\_\_\_  
\_\_\_ Right \_\_\_ Left \_\_\_ Bilateral

### Platelet-Rich Plasma

**Injection ◆** \_\_\_\_\_

### Trigger Point Injection

**FAX:**  Clinic Notes, last 2

Blood work, last 6 months

Physical Therapy Reports

EKG  MRI  CT  X-Rays

EMG  DEXA Scan

\_\_\_\_\_  
**Date & Time**

\_\_\_\_\_  
**Provider**

\_\_\_\_\_  
**Patient Notified**

(SJMNR staff use only)

Notes: