

# NEUROSURGICAL CONSULTANTS, INC.

[www.neurosurgical-consult.com](http://www.neurosurgical-consult.com)

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SPINAL SURGERY  
CRANIAL SURGERY  
MICRONEUROSURGERY  
SPINAL INSTRUMENTATION

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## Discography and Facet Block Reporting Form

Patient's Name: \_\_\_\_\_

Date of Test: \_\_\_\_\_

Time of Injection(s) \_\_\_\_\_

Type and Level of Injection(s) \_\_\_\_\_

Doctor Who Performed the Injection(s) \_\_\_\_\_

How much of your pain was relieved by the injection(s)? \_\_\_\_\_ %

How soon was your pain relieved by the injection(s)? \_\_\_\_\_

What time did your symptoms begin to return? \_\_\_\_\_

What time did your symptoms return to their usual level? \_\_\_\_\_

Please list activities you engaged in during the time between leaving the hospital after the injection and return of symptoms. Place an asterisk (\*) beside those activities you might not have been able to do before the injection(s). Use the back of this page for additional comments. Remember to bring this with you to your next office appointment.

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