GRANGER PAIN & SPINE

Double-Board Certified Interventional Pain Physicians

ACGME Fellowship Trained

Ashleigh Byrne, MD
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WEST JORDAN CLINIC
9001 S. 3200 W., Bldg. B, Ste. 3
West Jordan, UT 84088

COTTONWOOD HEIGHTS CLINIC
6322 S. 3000 E., Ste. 100
Cottonwood Heights, UT 84121

TOOELE CLINIC
Northpointe Medical Park
2326 N. 400 E.,
Bldg C, Ste. 203
Tooele, UT 84074

Opioid Pain Medications Are Not Prescribed On The Initial Consultation. Opioid Pain Medications Are Considered Only After Appropriate Evaluations Are Complete.

Please Circle One:

Urgent (<7 days) Semi-Urgent (1-2 weeks) Elective (next available)

Patient Name:_____ DOB:_____ Phone: _____

Insurance Company: _____ Policy #: _____ Phone: _____

Request for Specific Procedure: Cervical Thoracic Lumbar

- ☐ Botox for Migraines
- ☐ Epidural Blood Patch
- ☐ Epidural Steroid Injection
- ☐ Selective Nerve Root Injection
- ☐ Intercostal Nerve Block
- ☐ Epidural Lysis of Adhesions
- ☐ Greater Occipital Nerve Block
- ☐ Genicular Nerve Block/Ablation (for knee pain)
- ☐ Splanchnic Nerve Block
- ☐ Sacroiliac Joint Injection
- ☐ Facet Joint Injection
- ☐ Medial Branch Block
- ☐ Major Joint/Bursa Injection
- ☐ Peripheral Nerve Block
- ☐ Lumbar Sympathetic Block
- ☐ Stellate Ganglion Block
- ☐ Hypogastric Plexus Block
- ☐ Botulinum Toxin Injection
- ☐ Spinal Cord Stimulation
- ☐ Radiofrequency Ablation
- ☐ Discography/Intradiscal Tx
- ☐ Vertebroplasty/Kyphoplasty

Request for Consultation and Opinion:

- ☐ Neck Pain
- ☐ Thoracic Spine Pain
- ☐ Low Back Pain
- ☐ Headaches/Facial Pain
- ☐ Upper Extremity Pain (Shoulder, Elbow, Hand)
- ☐ Visceral Pain
- ☐ Pelvic/Inguinal Pain
- ☐ Coccygodynia
- ☐ Rib Fracture/Pain
- ☐ Muscle/Myofascial Pain
- ☐ Lower Extremity Pain (Hip, Knee, Foot)
- ☐ Phantom Limb Pain
- ☐ Post Herpetic Neuralgia/Shingles
- ☐ Cancer Pain
- ☐ Complex Regional Pain Syndrome
- ☐ Diabetic Peripheral Neuropathy
- ☐ Spinal Cord Stimulator Evaluation
- ☐ Vertebral/Sacral Fracture
- ☐ Radiculopathy/Spinal Stenosis

Please include the following items with this referral:

- ☐ Typed History and Physical Examination
- ☐ Pertinent Labs
- ☐ Imaging Reports (MRI, X-Ray, CT, etc)
- ☐ Pertinent clinic notes/medical records
- ☐ Current medication list

ALL INSURANCES ACCEPTED (Limited availability for Medicaid plans)

_____ _____ _____

Physician Signature Phone # Fax #

grangerpain.com