

DIAGNOSTIC MEDIAL BRANCH BLOCK EVALUATION SHEET

Patient's Name _____ Dr. Sheikh _____ Office _____ Surgery Center _____ Date: _____

Procedure: Cervical / Lumbar / Thoracic Levels: _____ Side: Left / Right /Bilateral

****FOR ALL RESPONSES PLEASE RATE YOUR PAIN ON A SCALE OF 0 (no pain) to 10 (worst pain you can imagine)****

DAY 1 Injection	PRE	POST	30 MIN	60 MIN	90 MIN	2 HOURS	3 HOURS	4 HOURS	6 HOURS
PAIN SCORE									

Anesthetic used:
 0.5% lidocaine
 1% lidocaine
 0.25% sensorcaine
 0.5% sensorcaine

PAIN SCORE		
MORNING	AFTERNOON	NIGHT
DAY 2		
DAY 3		
DAY 4		
DAY 5		
DAY 6		
DAY 7		

 Other remarks: _____

FOR OFFICE USE ONLY

Interpretation of results: Positive / Negative / Equivocal Plan: Repeat / schedule RF / alternative treatment

Reviewed by: Dr. Sheikh _____ Dr. Razaq _____ Date: _____