

Epidural Steroid Injection (ESI) Referral Worksheet

Date: _____ Ordering Provider: _____

Patient Name: _____ Date of Birth: _____

Contact Phone Number: _____

Please include the following information with all referrals:

1. An order for ESI, including diagnosis
2. History and Physical
3. Comprehensive visit notes to include the following:
 - Dates of visits related to diagnosis
 - Documentation of treatment plan(s) used prior to ordering ESI
 - Documentation of response (or lack of response) to treatment
 - Medications prescribed, length of use and response
 - If unable to tolerate medications and/or participate in physical therapy, please provide a comprehensive note documenting intolerance.
4. Diagnostic test results: x-ray, CT, MRI, etc.
5. Current medication list
6. Insurance information and pre-authorization, if needed
7. Order to stop following medications prior to procedure as indicated below:

Guidelines of the American Society of Regional Anesthesia 2017

Heparin IV	Stop 5 hours before, Resume 24 after 24 hours	Aspirin	Stop 4 days before if hx of MI, Stop 6 days before if for primary prevention, Resume 24 hours after
Heparin Sub-Q	Stop 8-10 hours before, Resume 24 hours after	Plavix	Stop 7 days before, Resume 24 hours after
Lovenox	Stop 12 hours before, Resume 24 hours after	Coumadin	Stop 7 days before, Resume 24 hours after
NSAIDS	Stop 1-2 days before, Resume 24 hours after	Xarelto	Stop 7 days before, Resume 24 hours after
Gingko Biloba	Stop 3 hours before, Resume 24 hours after	Garlic	Stop 7 days before, Resume 24 hours after
Naproxin Meloxicam	Stop 4 days before, Resume 24 hours after		

After the information has been reviewed and determined criteria is met, ambulatory care services will contact the patient to setup the appointment. If you have any questions, please don't hesitate to contact us.

Thank you for your referral.