

(place patient label here)

Patient

Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓) - Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____
 Allergies with reaction type: _____

DOCTORS ORDERS FOR RADIOLOGY INJECTIONS

Version 4 03/10/2014

1. Facet Injections

_____ Medication for facet injection: Depo-Medrol 120 mg in 2 ml
 0.5% Marcaine 5 ml

2. Epidural Steroid Injection

_____ Medication for epidural injection: Depo-Medrol 120 mg in 2 ml
 0.25% Marcaine 3 mls,
 Sterile preservative-free NS 3 ml

3. Sacro-iliac Joint Injections

_____ Medication for SI joint injection: 120 mg Depo-Medrol in 2 ml
 0.5% Marcaine 6 ml

4. Nerve Root Block (per 2 roots):

_____ Medication for nerve root blocks: Depo-Medrol 80 mg in 1 ml
 Marcaine 0.5% 3 ml

Provider Signature: _____ Date: _____ Time: _____