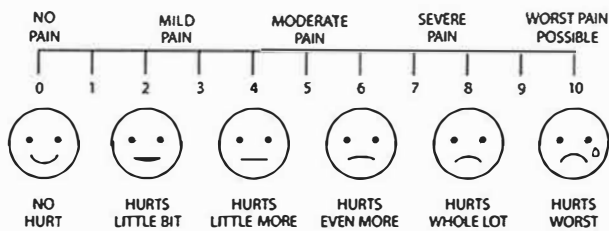


Name: _____ Date of Birth: _____

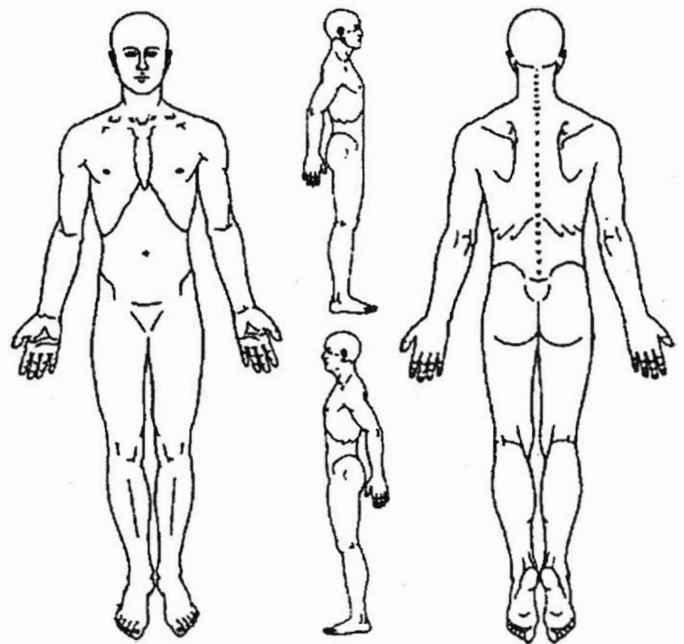
Procedure: _____ Date: _____

Doctor: _____

Pain Rating



Pain Location



10									
9									
8									
7									
6									
5									
4									
3									
2									
1									
0									
	PRE	POST	30M	60M	90M	2HR	3HR	4HR	6HR

Instructions after your diagnostic injection

- Please complete the above pain diary. Remember, this is only a diagnostic test and not for long-term pain treatment.
- It is normal to have pain after the local anesthetic has worn off.
- **Activity** – Resume normal activities the rest of the day.
- **It is important that you bring this sheet to your next appointment!**

Your follow-up after your procedure is scheduled for: _____ @ _____

For Physician Use Only

Local Anesthetic Used: () Lidocaine
() Marcaine

Interpretation of Response: _____
