

Seymour Spine & Rehabilitation

Andrea Henley- Seymour, MD

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Medical Clearance Form

Dear Dr. _____,

Your patient, _____, has been evaluated by Dr. Henley- Seymour and it has been determined that it is medically indicated to recommend the following procedure for treatment of his/her pain:

- Cervical/Caudal/Lumbar/Thoracic Epidural Steroid Injection
- Cervical/Lumbar/Thoracic Medial Branch Blocks/Rhizotomy
- Stellate Ganglia Block/ Lumbar Sympathetic Block
- Intra articular Facet Injection with steroid
- Sacroiliac Steroid injection
- Spinal Cord Stimulator Trial/Implant
- Other _____

This is an elective procedure and after reviewing the patient’s medical history, Dr. Henley- Seymour is requesting medical clearance by you prior to scheduling the patient for the above procedure. Indicate your response below.

- Medically Clear to proceed
- Medically Clear to proceed with the following instructions:

NOT Medically Clear.

Reason: _____

Physician Signature

Date

Thank you for allowing us to participate in your patient’s care. Please feel free to contact the office with any further questions.