



ANDREWS

Sports Medicine & Orthopaedic Center
Birmingham • Hoover

Charles T. Carnel, MD
Physical Medicine & Rehabilitation Specialist

Patient Appointment/Injection Procedure Request

Fax completed form to (205) 484-2653. For any questions, call (205) 484-2632.

Include Patient Demographics, Latest Clinic Note if available, and Most Current MRI/CT Myelogram, CT, EMG.

Patient Name: _____ DOB: _____ / _____ / _____

Address: _____ City: _____ State: _____ Zip: _____

Best Phone Number To Reach Patient: _____ Patient Email: _____

Referring Physician: _____ Practice Office : _____

Contact: _____ Phone: _____ Fax: _____

Any diagnostic testing on this body part(s) within the last 3 months? CT MRI X-Ray

Previous surgery to this body part? Yes No Workers' compensation case? Yes No

Injury due to an automobile accident? Yes No Injury involve legal litigation? Yes No

Primary Insurance: _____ Policy #: _____

Secondary Insurance: _____ Policy #: _____

Insured's Name: _____ Group #: _____

Is an insurance referral required? Yes No

Evaluate patient in the clinic

Cervical Epidural

Cervical Facet Injections Right Left Bilateral

Cervical _____ Selective Nerve Root Block Right Left

Thoracic Epidural

Lumbar Epidural

Lumbar Facet Injections Right Left Bilateral

Lumbar _____ Selective Nerve Root Block Right Left

Lumbar Intradiscal Steroid Injection _____

Lumbar Discogram Levels: _____

Caudal Epidural

S4 Joint Injection Right Left Bilateral

Hip Injection Right Left

Cervical Sympathetic

Lumbar Sympathetic

Kyphoplasty Level: _____