



**Mr. George Ampat FRCS (Tr & Orth)**  
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**DISCHARGE SUMMARY**

To  
Dr.....  
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Ref : .....  
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Date of Admission .....  
Date of Discharge .....  
Ward – Treatment Centre – Ormskirk Hospital / Southport Hospital

Procedure Performed (Tick as appropriate)

- Facet joint injections L3/4 , L4/5, L5/S1 Bilateral / Left / Right**
- Nerve root block L3, L4, L5, S1 Bilateral / Left / Right**
- SI joint injection Bilateral / Left / Right**
- .....

Post op – Uneventful  
Instructions

Maintain pain diary.  
To report to A&E if pain increases, if there is increased weakness,  
increased numbness that lasts beyond 12 hours or fever and  
shivering.

Follow up – We will review in clinic in 6 weeks

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