



DISCHARGE SUMMARY

To
Dr.....
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Ref :
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Date of Admission

Date of Discharge

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
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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 – I will review in clinic in 2 weeks

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