PATIENT NAME: _____

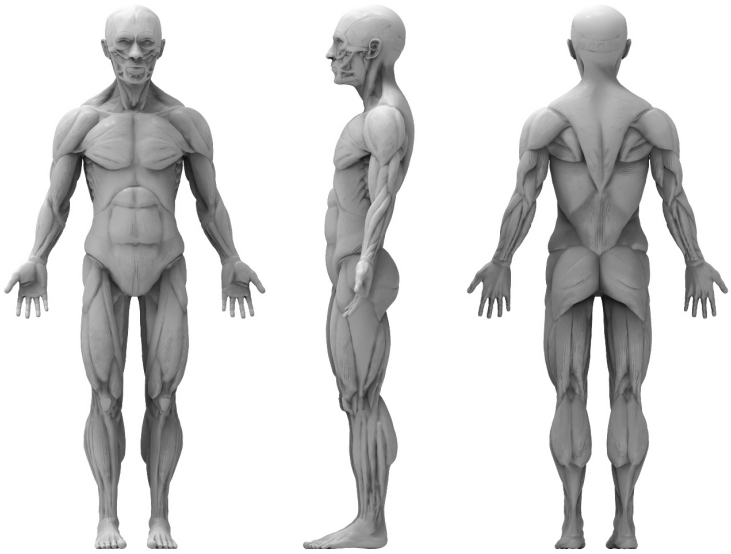
DATE: _____

PROVIDER: _____

ASSISTANT: _____

DIAGNOSIS: _____
(Diagnosis should co-relate with your progress note diagnosis)

CODE: _____



INDICATIONS FOR PROCEDURE:
Moderate to severe pain unresponsive to conservative management and non-invasive techniques.

SUMMARY OF PAIN TREATMENT / PROCEDURE:

The patient was made aware of the pain treatment and how it was to take place. The patient was also made aware of any adverse reactions including, but not limited to, bleeding, infection, and allergic reaction and is willing to accept the above. Patient was then taken to a treatment room after signing an informed patient consent form. Patient was then asked to lie _____ on the treatment table. The treatment area was palpated and identified. Treatment area was cleaned with alcohol and let dry.

Physical Medicine Treatment was administered to patient using appropriate electrodes for _____ minutes with _____ *ma* (Dosage) using 4 electrodes to management and symptomatic relief of chronic (long-term) INTRACTABLE PAIN, increasing local blood circulation, maintaining or increasing range of motion, and relaxation of muscle spasms

After, Electroanalgesic (EA) Treatment was administered using 2 electrodes for _____ minutes with _____ *ma* (Dosage) using an advanced computer assisted High Definition frequency generator (HDfg) to reduce the hyper-irritated state of the nerves, this is a sustained depolarization (that is no repetitive cell membrane depolarization / re-polarization activity or Wendensky Inhibition) without any complications. Decrease in impedance resulted in increase in dosage to _____ *ma* after 1 minutes of middle frequency sustained depolarization. Post procedure visual analog pain score was recorded. Electroanalgesic pain treatments are successful when the patient experiences an increase in activity and a decrease in the pain level by 50%. Patient tolerated the pain treatment without any complications, discomfort, or problems.

Patient's pain level was rated at _____/10 at the beginning of the pain treatment / procedure and a _____/10 at the end. Patient was able to move and bend more easily as well. Total treatment time was approximately _____ minutes. Patient tolerated pain treatment / procedure without complications and was discharged.

There was no evidence of procedural complications. Lidocaine patches ☐ **were** ☐ **were not** applied at site(s) and the patient was transported to the recovery where patient was observed and monitored.

PAIN DIAGRAM/PROVOCATION:

The patient filled out diagrams pre and post pain treatment / procedure. Before the pain treatment / procedure the patient's pain level was a _____/10. Post pain treatment / procedure the pain level improved to a _____/10. There ☐ **was** ☐ **was not** provocation of typical pain.

Range of Motion Testing
0 = Cannot Move, 10 = Normal

Patients ROM scale before procedure _____ Patients ROM scale after procedure_____

STATUS AT DISCHARGE: Examination of patient at the time of discharge showed no motor or sensory deficit. The patient was discharged in a stable condition.

PLAN:

1. Patient will follow up with _____ on next scheduled visit.
2. Patient can continue with physical therapy with stretching and strengthening exercises.

_____ _____ Date: _____

Printed Name of Provider **Signature of Provider**