

McLaren Print System Order

Order No: 77978
Order Date: 2023-06-20
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Ship Location: Donna Wilson
1900 Columbus Ave
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Forms
Quantity: 100
Paragon Dept No: 28550
Dept Name: OR 28550
Company Number: 210

Order Total Price: 0.00

Item Number: MHCC-657
Item Description: Pre-Scheduling Checklist for Spinal Cord and Peripheral Nerve Neurostimulator Insertion Procedures for Pain
Revision Date: 05/2023
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Poster:
Misc Info:



Pre-Scheduling Checklist for Spinal Cord and Peripheral Nerve Neurostimulator Insertion Procedures for Pain

Instructions: Each item must be checked before scheduling the neurostimulator insertion procedure

Spinal Cord Neurostimulators and Peripheral Nerve Neurostimulators for Pain

Office Clinic / Pain Management/ Psychological Evaluation Note Documentation: (Check if Present)	
<input type="checkbox"/>	Demonstration of pain relief with a temporarily implanted electrode preceding permanent implantation
<input type="checkbox"/>	Other treatment modalities (pharmacological, surgical, physical therapy, or psychological therapy) that were tried and were not satisfactory
<input type="checkbox"/>	Careful screening, evaluation and diagnosis of the patient by a multidisciplinary team including a physical exam, pain management, and psychological evaluation
<input type="checkbox"/>	Psychological evaluation documenting the patient's suitability for the neurostimulator procedure
<input type="checkbox"/>	The implantation of the stimulator is used only as a last resort for patients with chronic intractable pain

Spec Info:

Name _____ Date _____ Time _____
(Signature of person completing checklist)


