



Robert R. Bulger, MD

Referring MD: \_\_\_\_\_

NPI #: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Time: \_\_\_\_\_

Diagnosis Code: \_\_\_\_\_

Insurance:  PPO  HMO

**Routine**

**ASAP**

**Urgent**

Evaluate and Treat

Medication Management

Other: \_\_\_\_\_  
\_\_\_\_\_

ESI Series

L - R Level: \_\_\_\_\_  
L - R Level: \_\_\_\_\_

S.I. Joint: R L

Other: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Selective Root Block(s)

L - R Level: \_\_\_\_\_  
L - R Level: \_\_\_\_\_

Facet Injection

L - R Level: \_\_\_\_\_

Discogram

Level: \_\_\_\_\_  
\_\_\_\_\_

**\*\*Please be sure to include the following:\*\***

Patient Demographics  Physical Therapy History  Medication History

Office Notes  Surgery History  MRI Report  X-Ray Report