

# THE SHAPERO MARKHAM HEADACHE AND PAIN TREATMENT CENTRE

[www.shaperoheadache.com](http://www.shaperoheadache.com)

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DATE \_\_\_\_\_

## REQUISITION FOR CONSULTATION

PATIENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ TEL# (       ) \_\_\_\_\_

PATIENT ADDRESS: \_\_\_\_\_

- HEADACHE DIAGNOSIS MANAGEMENT
- BOTOX THERAPY
- THERAPEUTIC NERVE BLOCKS / TRIGGER POINT INJECTION
- DIAGNOSTIC FACET NERVE BLOCKS

DIAGNOSTIC FACET NERVE BLOCKS REQUESTED:

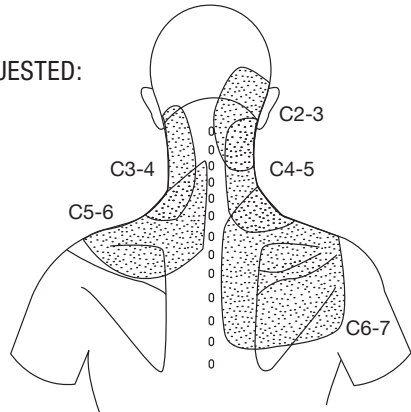
C2/C3 \_\_\_\_\_ L2/3 \_\_\_\_\_

C3/C4 \_\_\_\_\_ L3/4 \_\_\_\_\_

C4/C5 \_\_\_\_\_ L4/5 \_\_\_\_\_

C5/C6 \_\_\_\_\_ L5/S1 \_\_\_\_\_

C6/C7 \_\_\_\_\_



REFERRING PHYSICIAN (Print) \_\_\_\_\_

TEL# (       ) \_\_\_\_\_ FAX# (       ) \_\_\_\_\_

*For appointments please fax requisition and/or call the Shapero Headache And Pain Treatment Centre.*

*All patients will be referred back to their referring physician/pain clinic for continuing medical and pain management care.*