

THE SHAPERO HEADACHE AND PAIN TREATMENT CENTRE

www.shaperoheadache.com

10 Unionville Gate, Suite 301 & 302, Unionville, ON L3R 0W7

GARY SHAPERO

B.SC., M.D., C.C.F.P., D.A.A.P.M.

■ Board Certified Pain Practitioner

Tel: (905) 475-9700

Fax: (905) 475-4270

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:

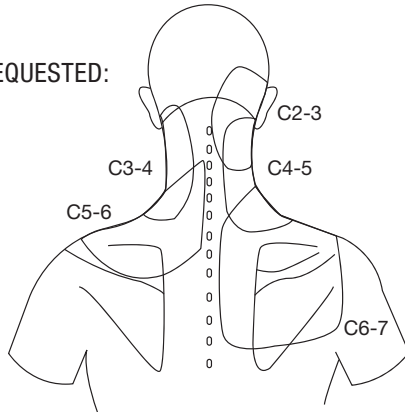
C2/C3 _____

C3/C4 _____

C4/C5 _____

C5/C6 _____

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.