Christopher Zarembinski, M.D.				
Pain Management		4:4	25	
Specialist	12			
(310) 270-6009		3		58
(213) 252-8227		1		17
www.jointvitality.com www.drzarembinski.com		3 V	記した	5071

Patient Name:	
Date of Birth:	
Physician Name:	

Procedure: Procedure Date: Procedure Time:

10 be	Pain Level (Circle) on a 0-10 scale. O being no pain.											
Jre	Α	0	1	2	3	4	5	6	7	8	9	10
Prior to procedure	В	0	1	2	3	4	5	6	7	8	9	10
	С	0	1	2	3	4	5	6	7	8	9	10
	D	0	1	2	3	4	5	6	7	8	9	10
30 minutes after	Α	0	1	2	3	4	5	6	7	8	9	10
	В	0	1	2	3	4	5	6	7	8	9	10
	С	0	1	2	3	4	5	6	7	8	9	10
	D	0	1	2	3	4	5	6	7	8	9	10
1 hour after	Α	0	1	2	3	4	5	6	7	8	9	10
	В	0	1	2	3	4	5	6	7	8	9	10
	С	0	1	2	3	4	5	6	7	8	9	10
	D	0	1	2	3	4	5	6	7	8	9	10
4 hours after	Α	0	1	2	3	4	5	6	7	8	9	10
	В	0	1	2	3	4	5	6	7	8	9	10
	С	0	1	2	3	4	5	6	7	8	9	10
	D	0	1	2	3	4	5	6	7	8	9	10
after	Α	0	1	2	3	4	5	6	7	8	9	10
	В	0	1	2	3	4	5	6	7	8	9	10
1 day after	С	0	1	2	3	4	5	6	7	8	9	10
	D	0	1	2	3	4	5	6	7	8	9	10
2 days after	Α	0	1	2	3	4	5	6	7	8	9	10
	В	0	1	2	3	4	5	6	7	8	9	10
	С	0	1	2	3	4	5	6	7	8	9	10
	D	0	1	2	3	4	5	6	7	8	9	10
	Α	0	1	2	3	4	5	6	7	8	9	10
after	В	0	1	2	3	4	5	6	7	8	9	10
		l			•		5	6	7	0	9	10
1 week after	С	0	1	2	3	4	Э	0	7	8	9	10

Draw all your areas of pain that your physician is performing the injection for. Label A, B, C, D.

