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# STEROID INJECTIONS ORDER FORM

Patients: Please bring this card with you to your scheduled appointment

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

**Date of Referral:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Phone Number:** (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ **Gender:**  Female  Male

**Clinical History:** \_\_\_\_\_  
\_\_\_\_\_

## EPIDURAL INJECTION

Lumbar Epidural Steroid Injection | Level: \_\_\_\_\_

Caudal Epidural Injection

## JOINT INJECTION

Sacroiliac Joint Injection L/R

Lumbar Facet Joint Injection | Level: \_\_\_\_\_

Shoulder L/R  Hip L/R

Knee L/R  Elbow L/R

Wrist L/R  Ankle L/R

Foot L/R  Other: \_\_\_\_\_ L/R

## TENDON SHEATH

Bicep Tendon Sheath L/R

Iliopsoas Tendon Sheath L/R

Other: \_\_\_\_\_ L/R

**Provider Signature:** \_\_\_\_\_

**Provider Name:** \_\_\_\_\_