

**Date:** [Date]

**Referring Physician:** [Physician Name]

**Patient Name:** [Patient Name]

**Date of Birth:** [DOB]

**RE: Interventional Consultation for Cervical Epidural Steroid Injection (CESI)**

Dear Dr. [Physician Last Name],

Thank you for referring [Patient Name] for evaluation of [Right/Left/Bilateral] cervical radiculopathy and neck pain. After reviewing the patient's clinical history and imaging, I have performed an interventional consultation.

**Clinical Presentation:**

The patient reports symptoms of [Description of pain, numbness, or weakness] in the [Specific Distribution/Dermatome]. These symptoms have persisted for [Duration] and have failed conservative management including [Physical Therapy/Medications].

**Imaging Findings:**

MRI/CT of the cervical spine dated [Date] demonstrates [Specific Findings, e.g., C5-6 herniation or foraminal stenosis] correlating with the patient's clinical symptoms.

**Assessment and Plan:**

Based on the physical exam and imaging, the patient is a candidate for a Cervical Epidural Steroid Injection (CESI) at the [Specific Level] level. The goal of this procedure is to reduce neural inflammation and alleviate radicular symptoms.

**Procedure Details:**

The procedure will be performed under fluoroscopic guidance using an [Interlaminar/Transforaminal] approach. We have discussed the risks, benefits, and alternatives, including the risks of infection, bleeding, dural puncture, and rare neurological injury. The patient has consented to proceed.

**Follow-up:**

The patient will be monitored post-procedure and will follow up with my office in [Number] weeks to assess the degree of symptomatic relief. We will keep you updated on their progress.

Sincerely,

[Your Name, MD/DO]

[Practice Name]

[Phone Number]