

**Date:** [Date]

**To:** [Referring Physician Name]

**Address:** [Physician Address]

**Fax/Phone:** [Physician Contact Information]

**RE:** [Patient Full Name]

**DOB:** [Patient Date of Birth]

**Procedure:** Lumbar Facet Joint Block / Medial Branch Block

Dear Dr. [Referring Physician Last Name],

I had the pleasure of evaluating [Patient Name] today regarding their chronic low back pain. Based on the clinical presentation and physical examination, the patient's symptoms are highly suggestive of lumbar facet joint arthropathy.

**Clinical Presentation:**

The patient reports axial back pain localized to the lumbar spine, exacerbated by spinal extension, lateral rotation, and prolonged standing. Pain is [unilateral/bilateral] and radiates into the [buttocks/thighs], but does not follow a specific dermatomal distribution.

**Physical Exam Findings:**

Positive "facet loading" maneuvers and focal tenderness over the [L3-L4 / L4-L5 / L5-S1] facet joints. Neurological status remains intact with no evidence of acute radiculopathy.

**Plan:**

After discussing the risks, benefits, and alternatives, we have scheduled the patient for a **Lumbar Facet Joint Block (Medial Branch Block)** under fluoroscopic guidance at the [L-Level] levels. This procedure will serve both as a diagnostic tool to confirm the pain generator and as a therapeutic intervention.

**Follow-up:**

The patient will be instructed to maintain a pain diary for 24 hours post-procedure. We will see them back in the clinic in [Number] weeks to assess the degree of relief. If significant temporary relief is achieved, we may consider Radiofrequency Ablation (RFA) for longer-term denervation.

Thank you for this referral and for allowing me to participate in the care of your patient.

Sincerely,

[Your Name, MD/DO]

[Your Practice Name]

[Your Contact Information]