

**Date:** [Date]

**To:** [Referring Physician Name]

**Address:** [Referring Clinic Address]

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

**RE:** [Patient Name]

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

**Date of Consultation:** [Consult Date]

Dear Dr. [Referring Physician Last Name],

Thank you for referring [Patient Name] for an interventional pain management evaluation regarding chronic myofascial pain.

**History of Present Illness:**

The patient reports localized pain in the [Specific Muscle Groups, e.g., Trapezius, Rhomboids, Lumbar Paraspinals]. Symptoms have persisted for [Duration] and are described as [Aching/Burning/Tightness]. Conservative measures including [Physical Therapy/NSAIDs/Rest] have provided limited relief.

**Physical Examination:**

Examination of the [Anatomical Area] reveals palpable taut bands and discrete hyperirritable spots (trigger points). Pressure on these points reproduces the patient's reported pain and elicits a local twitch response. Range of motion is [Limited/Normal]. Neurological screening of the extremities is intact.

**Assessment:**

1. Myofascial Pain Syndrome (ICD-10: M79.1)
2. Localized Muscle Spasms

**Plan:**

I have recommended Trigger Point Injections (TPI) to address the active myofascial foci. The procedure, including risks (bleeding, infection, pneumothorax if applicable) and benefits, was discussed. We will proceed using a local anesthetic [and Steroid if applicable].

**Procedure Note (if performed today):**

The skin was prepped with antiseptic. A [Gauge] needle was used to inject [Volume/Medication Name] into the identified trigger points in the [List Muscles]. The patient tolerated the procedure well with no immediate complications.

**Follow-up:**

The patient is instructed to continue gentle stretching. We will re-evaluate in [Number] weeks to determine the need for further intervention.

Sincerely,

[Your Name, MD/DO]  
[Practice Name]  
[Contact Information]