

**Date:** [Date]

**Referring Physician:** [Physician Name]

**Patient Name:** [Patient Name]

**Date of Birth:** [DOB]

**RE: Interventional Consultation for Intrathecal Pain Pump (Targeted Drug Delivery)**

Dear Dr. [Last Name],

I had the pleasure of evaluating [Patient Name] today regarding the management of chronic, recalcitrant pain. The patient currently suffers from [Specific Diagnosis/Indication, e.g., Failed Back Surgery Syndrome, Cancer Pain, Complex Regional Pain Syndrome] which has proven refractory to conservative measures, including physical therapy, various nerve blocks, and high-dose oral opioid therapy.

**Clinical Assessment:**

On physical examination, the patient demonstrates [Key Findings]. Current pain scores are reported at [X]/10. The patient exhibits significant functional limitations and side effects from current systemic medications, specifically [List Side Effects].

**Plan and Recommendation:**

Based on the failure of conventional therapies and the localized nature of the pain, I am recommending an Intrathecal Pain Pump (Targeted Drug Delivery System). This intervention aims to provide superior analgesia with a fraction of the systemic opioid dose, thereby reducing adverse effects.

The following steps have been initiated:

- **Trial Phase:** A temporary intrathecal injection/catheter trial is scheduled for [Date] to assess for at least 50% pain relief and functional improvement.
- **Psychological Evaluation:** The patient has been referred for a mandatory psychological clearance.
- **Permanent Implant:** Pending a successful trial and clearance, we will proceed with the surgical implantation of the permanent pump and catheter.

I will keep your office updated on the patient's progress following the trial. Please feel free to contact my office if you have any questions regarding this treatment plan.

Sincerely,

[Your Name, MD/DO]

[Practice Name]

[Phone Number]