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premierpaintreatment.com



Hillsboro
Loveland
Middletown
Mt. Orab

Neurostimulator Roadmap

Neurostimulator Trial Date: _____

Neurostimulator Implant Date: _____

Home exercise program completed

OR

Physical therapy completed (Location: _____)

Surgical consult completed (or N/A)

Recent imaging completed

Psychological evaluation completed (Call CareWright at (214)918-1999 to schedule)

Other/ Comments: _____

Patient Name: _____ Date of Birth: _____

Patient Signature: _____ Today's Date: _____

If you have any questions about any of the above, please contact our Care Coordinator, Gabie Young, at (513)-427-8529