Signal Health Group
333 N. Alabama Street
Suite 218
Indianapolis, IN 46204

PATIENT NAME: _____ **DOS:** _____

DOB: _____ **BP and Pulse:** _____

Failed Treatment(s)		
_____ Chiropractic	_____ Pain Management	_____ Ultrasound
_____ Physical Therapy	_____ DME (bracing, TENS unit)	_____ Injections
_____ Surgical Procedures	_____ Acupuncture	_____ Medications

PREOPERATIVE DIAGNOSES:

1. _____
2. _____

PROCEDURE: Placement of Percutaneous neuro-stimulator motor unit general any type.

INDICATIONS:

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The patient does not have any contraindications or medical risks for the procedure. The patient has been properly educated and a discussion of risk and benefits have been explained. The patient has no active substance abuse issues and has passed a psychological screening. Based on the patient's condition and history I believe that the treatment utilizing peripheral neuro-stimulation is medically necessary and provides the best chance of affecting improvement for the patient.

The neuro-stimulator will be placed with electrode arrays accessing the peripheral nerve access points or other neurovascular bundle. The neuro-stimulator is safe, effective, and non-narcotic. It will administer continuous autonomic nervous system and vascular stimulation performed by electrical pulses emitted through these selectively positioned implanted electrodes. It directly addresses CSS (Central Sensitization) and "resets" the

sympathetic mediated pain patterns. The neuro-stimulator stimulates the patient's pain modulation systems and leads to the release of neurotransmitters such as endogenous endorphins (opioids), helps to normalize the protein expression profile of the hypothalamus caused by neuropathic pain and to exert neuroprotective effects on the dopaminergic neurons. This type of stimulation results in a reduction of a variety of symptoms and in an increase in blood flow into the affected tissues of the affected areas, as well as systemically. Stimulation of the afferent branch of the vagus nerve causes the brain stem to achieve improved microcirculation in the extremities via arterioles: modulation in the brain stem caused by intermittent continuous stimulation of the vagus nerve in the triangular fossa results in improved perfusion of the extremities, without substances and minimally invasive. This increased vascular perfusion promotes wound healing, speeds healing time, helps to reduce localized inflammation and swelling, and decreases pain.

PROCEDURE IN DETAIL: After consent was obtained, the patient was properly positioned on the table for the surgical procedure. The patient's body was positioned to gain full exposure of the peripheral nerves. At this point the area was prepped and cleansed. The device package contents were then separated and the self-contained battery status was checked and engaged. Then, the peripheral and sympathetic nerve stimulation points related to the patient’s symptomatic areas were targeted and isolated. After these peripheral and sympathetic nerve sites were identified, the skin was marked on the peripheral nerve access point. Then the stimulation leads were affixed to the contact rings of the Percutaneous neuro-stimulator motor unit. Each lead was then percutaneously inserted at each one of the previously marked points. The Percutaneous neuro-stimulator motor unit was then externally affixed to the area with a liberal application contact glue. A Tegaderm dressing was then placed over the Percutaneous neuro-stimulator motor unit to further secure it.

POST PROCEDURE: Recovery: un-eventful. Response: the patient confirmed pulsation of the Percutaneous peripheral nerve neuro-stimulator prior to discharge.

DISPOSITION: The patient tolerated the procedure well without any complications or side effects. The patient was monitored for 15-30 minutes after the procedure. The patient was given contact information and advised to seek medical care if experiencing discomfort or irritation. The patient was instructed on device care and discharged without any side effects or complications and was sent home with a copy of the discharge instructions.

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Other:

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Provider's Name:

_____

Provider's NPI:

_____

Providers's Signature Date