

## **RADIOFREQUENCY DISCHARGE INSTRUCTIONS**

### ACTIVITY

- Do not drive or operate machinery today.
- No strenuous activity today – bending, lifting, etc.
- You may shower today, but do not sit in a tub of water.
- Resume normal activities tomorrow as tolerated.

### CARE OF THE INJECTION SITE

- If you have soreness or pain, apply ice to the area today (20 minutes on/20 minutes off).
- Starting tomorrow, you may use warm, moist heat or ice if needed.
- Notify the Spine and Pain Center if you have any of the following: redness, drainage, swelling, or fever above 100F degrees.

### SPECIAL INSTRUCTIONS

- Please call our office tomorrow with a progress report and make an appointment for a follow up visit in 4 weeks.
- If you feel a sunburn-like sensation in the area of your procedure, call our office.

### MEDICATIONS

- Continue to take all routine medications.
- Most blood thinners can be started again on your regular schedule, please call our office with any questions.

**If you have a problem specifically related to your procedure, please call our office at 484-526-7246.**

**Problems not related to your procedure should be directed to your primary care physician.**

#### **Allentown**

501 Cetronia Road, Suite 125  
Allentown, PA 18104  
Fax: 833-219-0472

#### **Anderson**

1700 St. Luke's Blvd., Suite 200  
Easton, PA 18045  
Fax: 833-219-0473

#### **Bethlehem**

830 Ostrum Street  
Bethlehem, PA 18015  
Fax: 833-219-0471

#### **East Stroudsburg**

3 Parkinsons Road  
East Stroudsburg, PA 18301  
Fax: 833-219-0474

#### **Lehighton**

575 South 9th Street  
Lehighton, PA 18235  
Fax: 833-219-0477

#### **Orwigsburg**

1165 Centre Turnpike Route 61  
Orwigsburg, PA 17961  
Fax: 272-639-5152

#### **Quakertown**

1534 Park Avenue  
Quakertown, PA 18951  
Fax: 866-291-6192

#### **Tamaqua**

120 Pine Street  
Tamaqua, PA 18252  
Fax: 833-219-6192

#### **Warren, NJ**

Bone and Joint  
755 Memoriall Pkwy., Bldg. 201  
Phillipsburg, NJ 08865  
Fax: 833-219-0476

Phone: 484-526-7246

**THESE INSTRUCTIONS HAVE BEEN REVIEWED WITH ME.**

PATIENT SIGNATURE

NURSES SIGNATURE

DATE