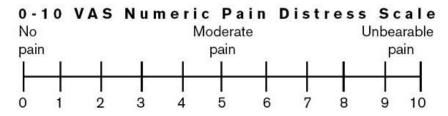


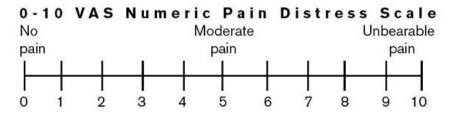
PUDENDAL NERVE BLOCK: RESULTS FORM

Please answer the questions below and bring this form to your follow-up appointment. Your Name:		
Date of diagnostic PNB:/		
Please circle ONE only: Left PNB Right PNB Left and Right PNB		
Did you experience numbness of the perineum? (saddle area between legs)?	Yes	No
Did your pain / symptoms completely resolve while you were numb?	Yes	No
Comments:		

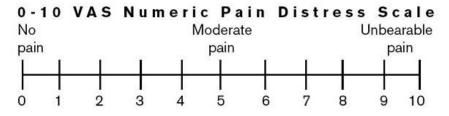
Your pain/symptoms the day **before** the block:



Your pain/symptoms when you woke up after the block?



Your pain /symptoms the day after the block?



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