

ALL CORRESPONDENCE TO:
 PO Box 690
 Wembley WA 6913

Tel: (08) 9381 9100
 Fax: (08) 9388 3019

PAIN RELIEF CHART

Name: _____

Date of Procedure: _____

INSTRUCTIONS : You have received a local anaesthetic injection. When you have returned home please perform your usual activities, there is **NO NEED TO REST**. Please complete the form below for the times indicated, e.g. 1 hour after the injection etc. and on the sliding scale of 1 to 10 indicate your pain levels. Thank you.

PLEASE BRING THIS COMPLETED FORM TO YOUR NEXT APPOINTMENT WITH DR HAMZAH

TIME: <i>(e.g. 10am)</i>	BEFORE INJECTION: Amount of Pain Present
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NO PAIN 0.....5.....10 SEVERE PAIN

TIME:	30 MINUTES AFTER INJECTION: Amount of Pain Relief
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NO PAIN 0.....5.....10 SEVERE PAIN

TIME:	1 (one) HOUR AFTER INJECTION: Amount of Pain Relief
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NO PAIN 0.....5.....10 SEVERE PAIN

TIME:	4 HOURS AFTER INJECTION: Amount of Pain Relief
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NO PAIN 0.....5.....10 SEVERE PAIN

TIME:	8 HOURS AFTER INJECTION: Amount of Pain Relief
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NO PAIN 0.....5.....10 SEVERE PAIN

TIME:	24 HOURS AFTER INJECTION: Amount of Pain Relief
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NO PAIN 0.....5.....10 SEVERE PAIN

TIME:	48 AFTER INJECTION: Amount of Pain Relief
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NO PAIN 0.....5.....10 SEVERE PAIN

TIME:	72 HOURS AFTER INJECTION: Amount of Pain Relief
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NO PAIN 0.....5.....10 SEVERE PAIN