

C E N T E R F O R Pain Management

PAIN LOG

Pt. Sticker

Date: _____

Procedure: _____

**Pain
Level**

10											
9											
8											
7											
6											
5											
4											
3											
2											
1											
0											
Time	Pre-Block	:00	:30	:00	:30	:00	:30	:00	:30	:00	:00

Pain Level: 0-10

0 means no pain or pain free ☺

10 means worst possible pain ☹

Mail or drop off:

Drs. Bhola, Holland or Prust
4745 East Camp Lowell Drive
Tucson, AZ 85712
or, please FAX to:
(520) 731-5541