

Pain Specialists of America

A Practice Management Company Serving



PLEASE FAX THIS
REFERRAL FORM TO:

855.277.5070

NEW PATIENT SCHEDULING PHONE: 855.876.7246

Physician Requesting: _____

Date: _____

Referring Provider: _____

Patient Name: _____

Referring Provider Phone: _____

Patient Email: _____

Referring Provider Fax: _____

Patient Phone: _____

Referring NPI #: _____

Patient DOB: _____

Evaluate/treat as you deem appropriate Procedure only (see below) Kyphoplasty Consult

Special Request: _____

SUBMIT THE FOLLOWING DOCUMENTATION WITH REFERRAL

- MEDICAL RECORDS (LAST 3 OFFICE NOTES)
- DEMOGRAPHIC SHEET
- IMAGING (IF AVAILABLE)
- COPY OF INSURANCE CARD OR WORKERS' COMP INFORMATION

FOCUSED PAIN PROBLEM (CHOOSE ALL THAT APPLY)

- HEADACHE PAIN INVOLVING HEAD, NECK AND THROAT CERVICAL SPINE PAIN THORACIC PAIN
- LUMBAR-SACRAL PAIN SHOULDER PAIN HIP PAIN KNEE PAIN MYOFASCIAL PAIN PERIPHERAL NEUROPATHY
- FIBROMYALGIA SYMPATHETIC MEDIATED PAIN NEUROPATHIC PAIN POST SURGICAL CHRONIC PAIN
- CANCER PAIN PHANTOM PAIN SHINGLES/PHN PELVIC PAIN CHRONIC PANCREATITIS
- OTHER: _____

REQUEST A PROCEDURE (CHOOSE ALL THAT APPLY)

- ADHESIOLYSIS CELIAC PLEXUS BLOCK DISCOGRAPHY DORSAL ROOT GANGLION EPIDURAL STEROID INJECTION
- FACET JOINT INJECTION/MEDIAL BRANCH BLOCK INTRATHECAL PUMP MANAGEMENT KYPHOPLASTY/VERTEBROPLASTY
- LUMBAR SYMPATHETIC BLOCK NERVE BLOCK OPIOID MANAGEMENT PELVIC INJECTIONS
- PERCUTANEAOUS DISC DECOMPRESSION RADIO FREQUENCY/CRYOTHERAPY SACROILIAC JOINT INJECTION
- SELECTIVE NERVE ROOT BLOCK SPINAL CORD STIMULATOR STELLATE GANGLION BLOCK TRIGGER POINT INJECTION
- VERTIFLEX OTHER: _____

ONCE YOUR PATIENT'S PROCEDURE IS COMPLETE WE WILL RETURN THEM BACK TO YOUR CARE

REFERRING PROVIDER SIGNATURE: _____ DATE: _____

*We will contact patients within 24 hours to schedule their appointment.
Thank you for your continued support and trusting us with your patients.*