



**Pain Specialists
of America**

psadocs.com

FAX THIS FORM TO:

855.277.5070

NEW PATIENT SCHEDULING PHONE: 855.876.7246
referrals@psadocs.com

Physician Requesting: (please select) ☐ Andrés Gutiérrez Robles, MD ☐ Chris Massey, MD ☐ Genaro J. Gutierrez, MD ☐ Pankaj Mehta, MD
☐ Asim Aijaz, MD ☐ Daniel A. Frederick MD ☐ Jacob Caylor, MD ☐ Ryan G. Michaud, MD
☐ Bennjamin Fronk, MD ☐ Feroz Osmani, MD ☐ Jason Lo, MD ☐ Trey Mouch, MD

Date: _____

Referring Provider: _____

Patient Name: _____

Referring Provider Phone: _____

Patient Email: _____

Referring Provider Fax: _____

Patient Phone: _____

Reverring 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
☐ PERCUTANEOUS DISC DECOMPRESSION ☐ PERIPHERAL NERVE STIMULATION ☐ 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

INTERVENTIONAL PAIN MANAGEMENT CLINICS

North Austin – Duval

4100 Duval Road, Building 3, Suite 200
Austin, TX 78759

☐ Jason Lo, MD

Austin Central – James Casey

4316 James Casey Street, Building B, Suite 200
Austin, TX 78745

☐ Daniel A. Frederick MD
☐ Genaro J. Gutierrez, MD

South Austin – Onion Creek

701 E. FM 1626, Suite 301
Austin, TX 78748

☐ Chris Massey, MD

Bastrop

3101 Highway 71, Suite 211
Bastrop, TX 78602

☐ Asim Aijaz, MD

Cedar Park

1401 Medical Parkway, Building C, Suite 345
Cedar Park, TX 78613

☐ Jacob Caylor, MD

Georgetown

3201 South Austin Avenue, Suite 265
Georgetown, TX 78628

☐ Feroz Osmani, MD

Killeen

3310 E. Central Texas Expressway,
Building B, Suite 201
Killeen, TX 76542

☐ Pankaj Mehta, MD

New Braunfels

213 Hunters Village
New Braunfels, TX 78132

☐ Trey Mouch, MD

Round Rock

7201 Wyoming Springs Drive, Suite 400
Round Rock, TX 78681

☐ Jacob Caylor, MD

San Marcos

1304 Wonder World Drive
San Marcos, TX 78666

☐ Chris Massey, MD

Seguin

417 South King Street
Seguin, TX 78155

☐ Ryan G. Michaud, MD

Temple

305 Clinite Grove Blvd
Temple, TX 76502

☐ Andrés Gutiérrez Robles, MD

Waco

7003 Woodway Drive, Suite 313
Waco, TX 76712

☐ Bennjamin Fronk, MD

AMBULATORY SURGERY CENTERS

PSA Surgery Center of Killeen

2701 East Stan Schlueter Loop, Suite 100
Killeen, TX 76542

**PSA Surgery Center of
South Austin**

701 E. FM 1626, Suite 300
Austin, TX 78748

The Pain Relief SurgiCenter

4100 Duval Road, Building 3, Suite 100,
Austin, Texas 78759

MOST LOCATIONS HAVE AN IN-OFFICE PROCEDURE SUITE

4 WAYS TO REFER A PATIENT:



Download our New Patient
Referral Form from
psadocs.com/referrals
Complete the form and fax
to **855.277.5070**



Call our New Patient
Coordinator team at
855.876.7246



Email us at
referrals@psadocs.com



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using **Leading Reach™**