

REFERRAL TO INTERVENTIONAL PAIN MANAGEMENT

*Interventional
Pain Consultants
IPC

**Please complete this form and fax to:
Office Fax # (260) 387-0440
(Include office notes, imaging and studies.)**

Referring Physician	Phone	Fax
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PATIENT INFORMATION

Last Name	First Name	MI	DOB
Address	City	State	Zip
Home Phone	Work Phone		

INSURANCE INFORMATION

Insurance Company Name	Policy #	Group #	
Address	City	State	Zip
Phone	Fax	Co-Pay	Deductible
Insurance Authorization #	# Visits Authorized	Claim #	Date of Injury

SERVICES

- Consultation Only
- Referral With Ongoing Management
- Consultation with Procedure as Appropriate
- Procedures Only (Please check desired choice)

LOCATION

- Fort Wayne, IN Location - (260) 387-0450
- Warsaw, IN Location - (574) 485-2243

Our office will call your patient within 24 hours to schedule an appointment.

SERVICE REQUESTED

**PROCEDURE ONLY
(MUST BE PRE-AUTHORIZED)**

- Epidural Steroid Level: _____
- Transforaminal Epidural Level Side: R__ L__
- Facet Joint Injection Level Side: R__ L__
- Trigger Point Injection Area: _____
- Discogram Area: _____
- Spinal Cord Stimulation
- Pump Evaluation
- Other (Please Specify)_____

Follow-up care _____

- I would like to see this patient at a follow-up appt. after the procedure
- I am referring the patient to you for long-term care

Diagnosis (Related to Pain)

DIRECTIONS

Interventional Pain Consultants Dr. Daniel Nolan:

608 Union Chapel Rd.
Fort Wayne, IN 46845

Phone: (260) 387-0450
Toll-free Phone: (800) 388-4038
Fax: (260) 387-0440
Web: www.ipainconsults.com

Clinic is located at the corner of Union Chapel Rd and Coldwater Rd behind the Sunoco gas station.

