REFERRAL TO INTERVENTIONAL PAIN MANAGEMENT

Interventional
Pain Consultants
IPC

Please complete this form and fax to:
Office Fax # (574) 267-4480
(Include office notes, imaging and studies.)

Referring Physician	Phone	Fax	

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

☐ Office (Location) & Phone Number
☐ Second office & Phone Number, if applicable

Our office will call your patient within 24 hours to schedule an appointment. Please download forms from www.ipainconsults.com (New Patient Forms) for patient to fill out prior to scheduled visit.

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

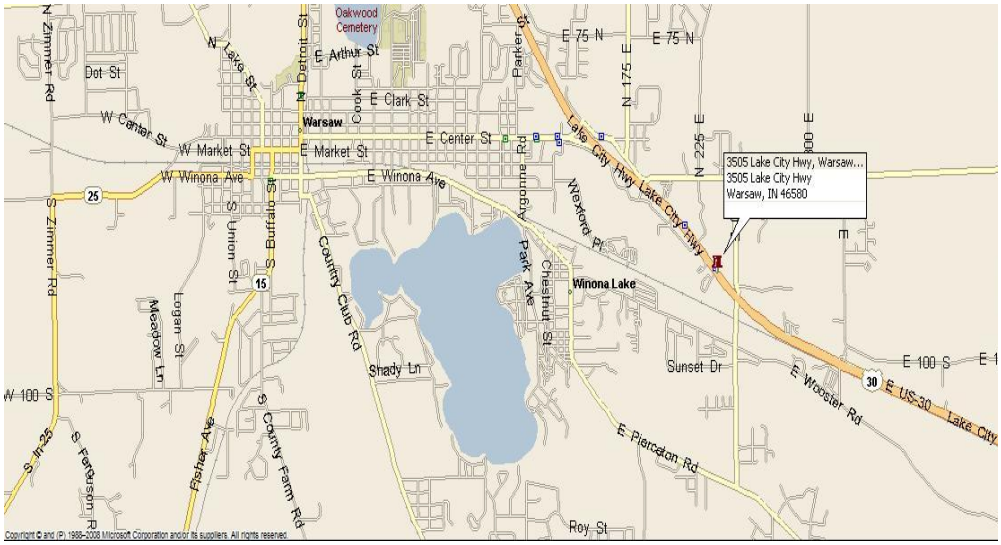
SERVICE REQUESTED

Diagnosis (Related to Pain)

Phone: (574) 485-2243
Toll-free Phone: (800) 388-4038
Fax: (574) 267-4480
Web: www.ipainconsults.com

DIRECTIONS

3505 Lake City Highway
Warsaw, IN 46580



Clinic is located on US 30 next to Schoop's Hamburgers in the Northern Lakes Orthopedics (NLO) building.

11123 Parkview Plaza Dr., Suite 202
Fort Wayne, IN 46845

Parkview PRMC Campus, Medical Building Entrance 2C