



PLEASE FAX THIS REFERRAL FORM TO:

**855.277.5070**

NEW PATIENT SCHEDULING PHONE: 855.876.7246

A Practice Management Company Serving



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: \_\_\_\_\_

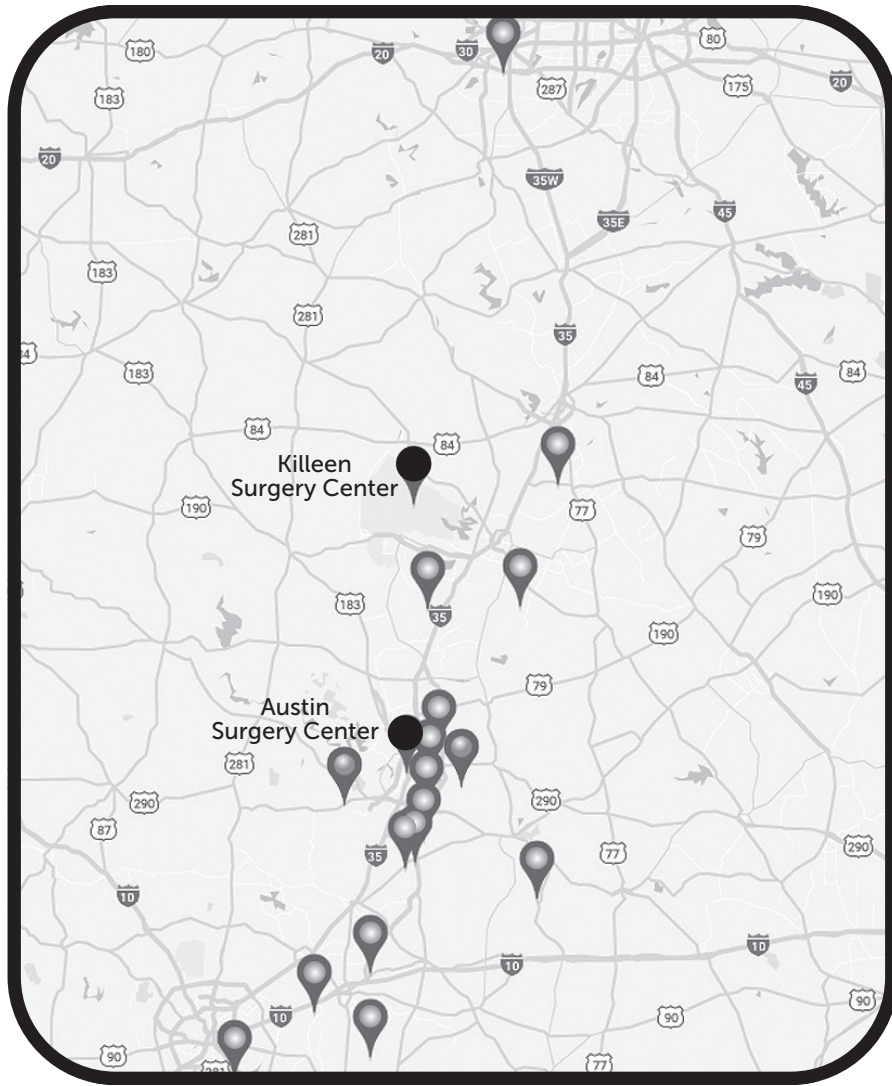
**REQUEST A PROCEDURE (CHOOSE ALL THAT APPLY)**

- 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.*



NORTH AUSTIN | SOUTHEAST AUSTIN | SOUTHWEST AUSTIN  
BASTROP | BEE CAVE | CEDAR PARK  
FORT WORTH | GATESVILLE | GEORGETOWN  
KILLEEN | NEW BRAUNFELS | PFLUGERVILLE  
ROUND ROCK | SAN ANTONIO  
SAN MARCOS | SEGUIN | TEMPLE | WACO

MOST LOCATIONS HAVE AN  
IN-OFFICE PROCEDURE SUITE

### Most Major Insurance Accepted

Aetna • Aetna Medicare • BlueCross BlueShield • Baylor, Scott & White • Dual Coordination (HMO SNP)  
Cigna • Coventry • Galaxy • HelathSmart • Humana • Humana Gold HMO  
Independent Medical System • LOP • Majoris • Medicare • Multiplan • Occunet • OMNI • Oscar  
Workers Comp Alliance • Sedgwick WC • Three Rivers • TriCare • TriWest • United Healthcare