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FAX THIS FORM TO:

855.277.5070

NEW PATIENT SCHEDULING PHONE: 855.876.7246

referrals@psadocs.com

Physician Requesting: (please select)

<input type="checkbox"/> Benjamin Fronk, MD	<input type="checkbox"/> Genaro J. Gutierrez, MD	<input type="checkbox"/> Pankaj Mehta, MD
<input type="checkbox"/> Chris Massey, MD	<input type="checkbox"/> Jacob Caylor, MD	<input type="checkbox"/> Shawn Puri, MD
<input type="checkbox"/> Daniel A. Frederick MD	<input type="checkbox"/> Jason Lo, MD	<input type="checkbox"/> 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

Shawn Puri, MD

Austin Central – James Casey

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

Daniel A. Frederick MD
 Genaro J. Gutierrez, MD
 Chris Massey, MD

South Austin – Onion Creek

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

Jason Lo, MD

Bastrop

3101 Highway 71, Suite 211
Bastrop, TX 78602

Jason Lo, 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

Pankaj Mehta, MD
 Shawn Puri, 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
 Genaro J. Gutierrez, MD

San Marcos

1304 Wonder World Drive
San Marcos, TX 78666

Chris Massey, MD

Seguin

417 South King Street
Seguin, TX 78155

Trey Mouch, MD

Temple

305 Clinite Grove Blvd
Temple, TX 76502

Pankaj Mehta, MD

Waco

205 Woodhew Drive, Suite 203
Waco, TX 76712

Benjamin Fronk, MD

AMBULATORY SURGERY CENTERS

PSA Surgery Center of Killeen

2701 East Stan Schlueter Loop, Suite 100
Killeen, TX 76542
Fax: (254) 432-4910

PSA Surgery Center of South Austin

701 E. FM 1626, Suite 300
Austin, TX 78748
Fax: (512) 614-2735

The Pain Relief SurgiCenter

4100 Duval Road, Building 3, Suite 100,
Austin, Texas 78759
Fax: (512) 836-1202

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 directly at **855.876.7246**



Email referrals@psadocs.com



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