



1561 E ONTARIO AVENUE  
SUITE 103 A  
CORONA, CA  
92881  
T- 951 735 PAIN (7246)  
F- 951 273 1555  
WWW.PACIFICPAINCARE.COM

## FAX REFERRAL

Date: \_\_\_\_\_

Patient Information: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone #: \_\_\_\_\_ Patient SSN: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Referring Physician Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Referring Physician NPI #: \_\_\_\_\_

Referring Physician Address: \_\_\_\_\_

- Evaluation Only
- Evaluate & Treat

Insurance Carrier: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Please fax copy of referral form and any applicable medical records.  
Patient should bring MRI and/or plain films to consult visit.

# **FAX 951 273 1555**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Chief Complaint/Diagnosis: \_\_\_\_\_

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**\* PLEASE FAX COPIES OF ANY DIAGNOSTIC REPORTS (MRI, CT, X-RAY, ETC.), AS WELL AS THE MOST RECENT PHYSICIAN'S NOTES, PATIENT DEMOGRAPHICS AND INSURANCE INFORMATION RELATED TO THE PATIENT ALONG WITH THIS REQUEST FORM. \***

<input type="checkbox"/> Pain Evaluation & Consultation	<input type="checkbox"/> Nucleoplasty (Percutaneous)
<input type="checkbox"/> Diagnostic Nerve Block	<input type="checkbox"/> IDET Procedure
<input type="checkbox"/> Epidural Steroid Injection ___cervical ___thoracic ___lumbar	<input type="checkbox"/> Lumbar Sympathetic Block
<input type="checkbox"/> Facet Joint injection ___cervical___thoracic___lumbar	<input type="checkbox"/> Occipital Nerve Block
<input type="checkbox"/> Selective Nerve Root Block ___cervical___thoracic___lumbar	<input type="checkbox"/> Stellate Ganglion Block
<input type="checkbox"/> Discography ___thoracic___lumbar	<input type="checkbox"/> Trial Spinal Cord Stimulator
<input type="checkbox"/> Botox Treatment for Maxillofacial Pain, Migraines and TMJ	<input type="checkbox"/> Facet Rhizotomy
<input type="checkbox"/> Specific Level Desired (If applicable): _____	<input type="checkbox"/> Intrathecal Pump/Trial/Refill ___Morphine ___Baclofen ___other
OTHER: _____	

Referring Physician: \_\_\_\_\_

Referring Physician NPI #: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

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