



COMPREHENSIVE PAIN SPECIALISTS

PLEASE FAX THIS REFERRAL FORM TO OUR TOLL FREE FAX

888.295.1610

WWW.CPSPAIN.COM

NEW PATIENT SCHEDULING PHONE 855.615.7246

Best Time to Contact Patient:

MORNING NOON EVENING

Please circle one

Clinic Location: _____

REFERRAL FORM

Date: _____
Referring Provider: _____
Referring Provider Phone: _____
Referral Nurse: _____
Referring Provider Fax: _____

Patient Name: _____
Patient Email: _____
Patient Phone: _____
Patient DOB: _____
Referring NPI #: _____

COMPLETE AUTHORIZATION FORM

- Evaluate/treat as you deem appropriate
Medication Management
Procedure only (see below)
Kyphoplasty Consult
Consult appointment and return to referring provider
Special Request: _____

FOCUSED PAIN PROBLEM (CHECK 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)

- EPIDURAL INJECTION SERIES
FACET INJECTIONS/MEDIAL BRANCH BLOCK
RADIO FREQUENCY ABLATION
SI JOINT INJECTIONS
TRIGGER POINT INJECTIONS
JOINT INJECTIONS
BURSA INJECTIONS
TRANSFORAMINAL EPIDURAL
SELECTIVE NERVE ROOT BLOCK
SPINAL CORD STIMULATOR TRIAL
OCCIPITAL NERVE BLOCK
SYMPATHETIC NERVE BLOCKS
PAIN PUMP
DORSAL ROOT GANGLION STIMULATION
OTHER: _____

ONCE YOUR PATIENT'S PROCEDURE IS COMPLETE WE WILL RETURN THEM BACK TO YOUR CARE

SUBMIT THE FOLLOWING DOCUMENTATION WITH REFERRAL

- DEMOGRAPHIC SHEET
IMAGING (IF AVAILABLE)
COPY OF INSURANCE CARD OR WORKMAN'S COMP INFORMATION

WE WILL REQUEST ANY PRIOR RECORDS, OR DISCHARGE LETTERS IF NEEDED

REFERRING PROVIDER SIGNATURE: _____ DATE: _____

WE WILL CONTACT PATIENTS WITHIN 48 HOURS TO SCHEDULE THEIR APPOINTMENT.
THANK YOU FOR YOUR CONTINUED SUPPORT AND TRUSTING US WITH YOUR PATIENTS.

TO REQUEST REFERRAL PADS PLEASE VISIT WWW.CPSPAIN.COM/REFERRING-PROVIDERS