

FAX REFERRAL

| | | |
|----------------------------------|--------------|--------------------|
| Name: _____ | Date: _____ | |
| DOB: _____ | Home # _____ | Cell # _____ |
| Chief Complaint/Diagnosis: _____ | | |
| Insurance: _____ | | |
| Referring Physician: _____ | | Contact Tel: _____ |

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

- Pain Consultation & Treatment** **Other** _____
- Procedures** _____
- MRI** _____

Treatment Options:

- | | |
|--|--|
| <input type="checkbox"/> Diagnostic Nerve Block | <input type="checkbox"/> Occipital Nerve Stimulation |
| <input type="checkbox"/> Disc Decompression | <input type="checkbox"/> Lumbar Sympathetic Block |
| <input type="checkbox"/> Discography | <input type="checkbox"/> Selective Nerve Root Block |
| <input type="checkbox"/> Epidural Steroid Injection | <input type="checkbox"/> Spinal Cord Stimulator |
| <input type="checkbox"/> Facet Joint Injection | <input type="checkbox"/> Stellate Ganglion Block |
| <input type="checkbox"/> Facet Radiofrequency | <input type="checkbox"/> Vertebroplasty |
| <input type="checkbox"/> Hip, Knee, Shoulder, & Synvisc Injections | <input type="checkbox"/> Others |

Texas
Pain and Spine
Physicians
Pain free living

M. Ali Khan MD
Board Certified in Anesthesiology & Pain Medicine
Phone 512-388-1190
Fax 512-388-1174
7215 Wyoming Springs, Ste 300A
Round Rock, TX 78681
www.TexasPainSpine.com