SPECIALISTS
IN PAIN CARE

11300 Maple Brook Drive, Louisville, KY 40241
Office: 502-253-0505
www.specialistsinpaincare.com

PLEASE FAX THIS FORM TO
502-253-0303

REFERRAL FORM

Date: _____ Patient Name: _____
Referring Provider: _____ Patient DOB: _____
Referring Provider Phone: _____ Requesting: _____
Referring Provider Fax: _____ Referring NPI #: _____

COMPLETE AUTHORIZATION FORM

☐ Evaluate/treat as you deem appropriate ☐ Medication Management Only ☐ Procedure Only (see below)
☐ Special Request: _____

FOCUSED PAIN PROBLEM (CHECK ALL THAT APPLY)

☐ LUMBAR-SACRAL PAIN ☐ CERVICAL SPINE PAIN ☐ PERIPHERAL NEUROPATHY ☐ MYOFASCIAL PAIN
☐ HIP PAIN ☐ KNEE PAIN ☐ SHOULDER PAIN ☐ THORACIC PAIN
☐ CANCER PAIN ☐ FIBROMYALGIA ☐ PAIN INVOLVING HEAD, NECK, & THROAT ☐ HEADACHE
☐ PHANTOM PAIN ☐ SHINGLES / PHN ☐ POST SURGICAL CHRONIC PAIN ☐ PELVIC PAIN
☐ CHRONIC PANCREATITIS ☐ NEUROPATHIC PAIN ☐ SYMPATHETIC MEDIATED PAIN
☐ OTHER _____

REQUEST A PROCEDURE (CHECK ALL THAT APPLY)

☐ EPIDURAL INJECTION SERIES ☐ TRIGGER POINT INJECTIONS ☐ SPINAL CORD STIMULATOR TRIAL
☐ TRANSFORAMINAL EPIDURAL ☐ BURSA INJECTION SERIES ☐ SYMPATHETIC NERVE BLOCKS
☐ FACET INJECTIONS/MEDIAL BRANCH BLOCK ☐ JOINT INJECTIONS ☐ OCCIPITAL NERVE BLOCK
☐ RADIO FREQUENCY ABLATION ☐ SI JOINT INJECTIONS ☐ SELECTIVE NERVE ROOT BLOCK

PLEASE SUBMIT THE FOLLOWING DOCUMENTATION WITH REFERRAL

☐ DEMOGRAPHIC SHEET
☐ COPY OF INSURANCE CARD OR WORKMAN'S COMP INFORMATION
☐ MOST RECENT OFFICE NOTES CONTAINING MEDICAL PROBLEM LIST AND MEDICINES
☐ MOST RECENT IMAGING REPORTS

REFERRING PROVIDER SIGNATURE: _____ DATE: _____

GUY M. LERNER, MD