SPECIALISTS
IN PAIN CARE

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NPI #: 1720494537

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: _____

Nathan Lamborn, MD