RIVER CITIES
INTERVENTIONAL
PAIN SPECIALISTS

Randall P. Brewer, MD
8731 Park Plaza Dr.
Shreveport, LA 71105
(318) 797-5848 (o)
(318) 797-5844 (f)

In order to expedite our care of your patient, please complete the following information and FAX to 318-797-5844

Date: _____

Patient's Name: _____DOB: _____

Referring Physician: _____Contact Name/Number: _____

Primary Insurance: _____Secondary Insurance: _____

Chief Diagnosis: _____

Is this condition due to an accident? ☐ Yes ☐ No
Has the patient retained an attorney? ☐ Yes ☐ No
Is there a liability claim? ☐ Yes ☐ No
Is there litigation? ☐ Yes ☐ No
Has the patient ever been treated by Pain Management MD? ☐ Yes ☐ No
If YES, who? _____

MUST FAX ALL ITEMS TO PREVENT DELAY IN SCHEDULING:

1) **Patient Demographics**
2) **Insurance Cards Front & Back**
3) **Medication Summary List**
   *Current or Prior Narcotic History
4) **Last (2) Office Visit Notes**
5) **MRI or XRAY Reports**
6) **Laboratory Information**

THANK YOU FOR YOUR REFERRAL!!!

If you have any questions please contact the Referral Coordinator at (318) 524-7084 or you may call the office at (318) 797-5848. Please refer to our website with any questions www.RIVERCITIES.net