RIVER CITIES
INTERVENTIONAL
PAIN SPECIALISTS

Randall P. Brewer, MD
8731 Park Plaza Dr.
Shreveport, LA 71105
(318) 797-5848 (o)
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Diagnostic Injection Service (DIS)

☐ DIS w/ follow-up by referring MD
☐ DIS w/ Pain Management consult after DIS and ongoing follow-up
☐ DIS w/ Pain Management consult before DIS and ongoing follow-up

Today's Date: _____

Referring MD: _____

Contact Person: _____ Phone: _____

Procedures Requested (include Right/Left/Bilateral if appropriate):

☐ Selective Nerve Root Block-- Lumbar Sacral, Level(s): _____

☐ Epidural Steroid Injection-- Cervical Lumbar Caudal, Level(s) _____

☐ Facet Joint Injection/MBB/RF-- Cervical Lumbosacral, Level(s): _____

☐ Intra-Articular Joint Injection fluoro/ultrasound-- Hip Knee Other _____

☐ Other Injection: _____

Referring Diagnosis: _____

MUST FAX ALL ITEMS TO PREVENT DELAY IN SCHEDULING:

1) **Patient Demographics**
2) **Insurance Cards Front & Back**
3) **Medication Summary**
4) **Last (2) Office Visit Notes**
5) **MRI and/or XRAY Reports**

Patient Information:

Name: _____

Address: _____

Home Phone: _____ Alternative Contact Number: _____

Primary Insurance: _____ Secondary Insurance: _____

ANTICOAGULATION: ☐ No ☐ Yes (If Yes, Medication: _____ and Prescribing MD _____)

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