CONSULTATION SERVICES

RIVER CITIES INTERVENTIONAL PAIN SPECIALISTS

REQUIRED DOCUMENTS TO ATTACH WITH REFERRAL

These documents are required to accompany all referrals. Documents missing will result in the return of the referral to referring office with a request to attach, resulting in additional delays of scheduling the patient.

☐ Patient demographic sheet
☐ Last (2) Office Visit Notes
☐ Insurance Card(s) FRONT & BACK
☐ Medication Summary List
☐ MRI and/or XRAY Report(s)
☐ Past Pain Management records

SERVICES REQUESTED: ☐ EVALUATE AND TREAT ☐ EVALUATE ONLY ☐ INJECTION ONLY
(separate DIS referral form)

Patient information

Name: _____ Date of Birth: _____

Primary Phone Number: _____ Alternative Phone: _____

Primary Insurance*: _____

Our office cannot accept Medicaid as a primary payer

Secondary Insurance: _____

Referring Physician: _____

Contact Person: _____ Phone: _____

Chief Diagnosis: _____

Is this Work or Auto related? ☐ Yes ☐ No

If yes, provide claim number: _____ Date of Injury: _____

Insurance Carrier: _____

Adjuster Name: _____ Phone: _____

Previous Studies/Treatments

Has patient been treated by Pain Management in the past or currently? ☐ Yes* ☐ No

Please mark if patient has had radiological examination(s) in the last 3 years*
☐ X-Ray ☐ MRI ☐ CT Scan ☐ Discogram ☐ Other _____

If yes our office will require those records for review by Dr. Brewer prior to scheduling the patient

Additional notes: _____

Thank you for your Referral!!! Questions?
Please contact our Referral Coordinator at (318) 524-7084 or visit our website at www.RIVERCITIES.net

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