

DIAGNOSTIC INJECTION SERVICES (DIS)



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

Patient information

Name: _____ Date of Birth: _____

Primary Phone Number: _____ Alternative Phone: _____

Primary Insurance*: _____

****Our office cannot accept Medicaid as a primary payer***

Secondary Insurance: _____

Is this Work or Auto related? Yes No

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

Insurance Carrier: _____

Adjuster Name: _____ Phone: _____

Referring Physician: _____

Contact Person: _____ Phone: _____

Procedure(s) Requested (include Right/Left/Bilateral if appropriate)

- Epidural Steroid Injection-- Cervical Lumbar Caudal Level(s)_____ Sedation? Oral IV
- Facet Joint Inj/MBB/RF-- Cervical Lumbosacral Level(s)_____ Sedation? Oral IV
- Intra-Articular Joint Injection fluoro/ultrasound-- Hip Knee Other_____ Sedation? Oral IV
- Selective Nerve Root Block-- Lumbar Sacral Level(s)_____ Sedation? Oral IV
- Other Injection: _____ Sedation? Oral IV

Referring Diagnosis: _____

Thank you for your Referral!!! Questions?

Please contact our Referral Coordinator at (318) 524-7084 or visit our website at www.RIVERCITIES.net