DIAGNOSTIC PAIN CENTER

Robert S. Marks, M.D.
Sauman A. Rafii, M.D.

Board Certified in Pain Management and Anesthesiology
Fellowship-Trained Interventional Pain Specialists

REQUEST FOR PAIN MANAGEMENT CONSULTATION

Date:_____

Patient Name: _____ D.O.B.: _____

Contact Phone #: _____

Insurance: □ Major Insurance: _____

□ Medicare □ Wellmed □ Letter of Protection □ None/Self-Pay

Chief Complaint / Diagnosis: _____

Referring Provider: _____

Office Phone #: _____ Fax #: _____

Referral Type: □ Consultation and Treatment OR Specific Request (check box below)

If specific request, please check box or notate below:

□ Spinal Cord Stimulator (Trial / Implant)
□ Selective Nerve Root Block(s)
□ Cervical / Thoracic Epidural Steroid Injection(s)
□ Lumbar Epidural Steroid Injection(s)
□ Cervical Facet / Medial Branch Injection(s)
□ Thoracic Facet / Medial Branch Injection(s)
□ Lumbar Facet / Medial Branch Injection(s)
□ Sacroiliac Joint Injection
□ Joint Injection(s)
□ Stellate Ganglion Sympathetic Block
□ Genicular Nerve Blocks / Ablation
□ Botox Injections for Migraines
□ Peripheral Nerve Block(s)
□ Lysis of Epidural Adhesions
□ Trigger Point Injection(s)
□ Occipital Nerve Block(s)
□ Lumbar Sympathetic Block
□ Hypogastric Plexus Block
□ Radiofrequency Neurolysis
□ Other

Please note any further specific requests, joints, and/or levels: _____

_____

_____

Please fax this form to our office along with any pertinent records, reports, and demographics.

We will follow up with the patient.

Fax #: 512-981-PAIN (7246)

Thank you for referring to the Diagnostic Pain Center!

CENTRAL/SOUTH AUSTIN
3345 Bee Cave Road, Suite 101
Austin, Texas 78746

NORTH AUSTIN
12176 N. Mopac Expy, Suite D
Austin, Texas 78758

Phone/Fax: 512.981.7246
www.DiagnosticPainCenter.com