

FAX REFERRAL FORM

FAX: 616.588.6175 PHONE: 616.282.0633

www.michiganpain.com

MPC

MICHIGAN PAIN CONSULTANTS, PC

Date: _____ Patient Name: _____

Social Security No: _____ Date of Birth: _____ Home Phone No: _____

Referring Physician: _____ Phone No: _____ Fax No: _____

Referring Office Contact: _____ PCP (if not referring Dr): _____

PCP Phone No: _____

Demographics are included with this fax

Copy of insurance card is included with this fax

Marital Status: Single Married Divorced Widowed Spouse's Name: _____

Patient Address: _____

Employer: _____

Is this Work or Auto related? No Yes, if yes, please provide the Claim No: _____

Date of Injury: _____ Insurance Carrier: _____

Adjuster Name: _____ Phone No: _____

Primary Insurance: _____

Contract No: _____ Insured Name: _____

Group No: _____ Employer: _____

Secondary Insurance: _____

Contract No: _____ Insured Name: _____

Group No: _____ Employer: _____

Reason for Referral:

Evaluate and Treat

Physical Therapy

Post Surgical Complications

Ketamine

Behavioral Therapy

Medication Treatment Plan

PRP/BMAC

Kyphoplasty

Spinal Cord Stimulator Trial

Diagnosis: _____

Provider:

First Available

John Birgiolas, MD.

Jeff Gao, MD, MPH

Scott Greenwald, MD

Marc Huntoon, MD

Mark Juska, MD

Peter Khoury, DO

Eric Kozfkay, DO

Bindu Lewis, MPT, DO

Kevin M. Nemeth, MD

Adam Powell, DO

Lisa Pullum, DO

Bennett Willard, DO

Records - In order to schedule your patient, please send the following records with your referral:

(Please note, if applicable records have not been received, the patients appointment may be delayed)

Previous pain management records.....

Most recent imaging related to diagnosis.....

Current medication list.....

Most recent chart notes related to diagnosis.....

Initial evaluation and discharge summary for previous physical therapy related to diagnosis.....

If you are receiving transmission errors or have questions, please call (800) 281-3237