

**VALLEY PAIN CONSULTANTS**  
*Scottsdale Osborn*  
3301 N. Miller Rd, Suite 120  
Scottsdale, AZ 85251  
P: 480.467.CARE (2273)  
**F: 480.970.1448**  
**E: PMR@ValleyPain.org**

**MONICA TORRES, MD**  
**PHYSICAL MEDICINE AND REHABILITATION REFERRAL**  
FAX/EMAIL TO THE OFFICE OF YOUR CHOICE  
(SELECT FROM LEFT COLUMN)

DATE: \_\_\_\_\_

**VALLEY PAIN CONSULTANTS**  
*Mesa*  
1520 S. Dobson Rd, Suite 218  
Mesa, AZ 85202  
P: 480.467.CARE (2273)  
**F: 480.970.1448**  
**E: PMR@ValleyPain.org**

REFERRING PHYSICIAN NAME: \_\_\_\_\_

REFERRING PHYSICIAN PHONE #: \_\_\_\_\_

**VALLEY PAIN CONSULTANTS**  
*West Valley*  
6760 W. Thunderbird Rd, Suite 100  
Peoria, AZ 85381  
P: 480.467.CARE (2273)  
**F: 602.595.2470**  
**E: PMR@ValleyPain.org**

PAIN MANAGEMENT CONSULTATION:   
ELECTRODIAGNOSTIC STUDY (EMG/NCS):

PATIENT NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

BEST CONTACT PHONE #: \_\_\_\_\_

**VALLEY PAIN CONSULTANTS**  
*North Scottsdale*  
5425 East Bell Rd, Suite 115  
Scottsdale, AZ 85254  
P: 480.467.CARE (2273)  
**F: 602.547.6887**  
**E: PMR@ValleyPain.org**

DIAGNOSIS: \_\_\_\_\_

EXTREMITY TO BE EXAMINED

LUE  RUE

LLE  RLE

**VALLEY PAIN CONSULTANTS**  
*Central Phoenix*  
1331 N 7<sup>th</sup> St, Suite 355  
Phoenix, AZ 85006  
P: 480.467.CARE (2273)  
**F: 602.648.4360**  
**E: PMR@ValleyPain.org**

PRIOR HISTORY OF SURGERY: Y N

if yes, list \_\_\_\_\_

PATIENT ON BLOOD THINNERS: Y N

if yes, please list \_\_\_\_\_

PATIENT HAS A PACEMAKER? Y N

CONSULTATION REQUESTED BASED UPON FINDINGS? Y N

The report will be faxed to your office within 2 business days

Telephonic/text report requested: Y N

If yes, please provide mobile number \_\_\_\_\_

Special Instructions:  
\_\_\_\_\_

**Monica Torres, MD**  
**PMR@valleypain.org**