

## NEW PATIENT REFERRAL

**VALLEY PAIN CONSULTANTS**  
Paradise Valley  
5410 N. Scottsdale Rd, Suite B-100  
Paradise Valley, AZ 85253  
P: 480.889.0255  
F: 480.970.1448

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**VALLEY PAIN CONSULTANTS**  
Mesa  
1520 S. Dobson Rd, Suite 218  
Mesa, AZ 85202  
P: 480.889.0255  
F: 480.970.1448

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Referring Physician Name: \_\_\_\_\_

Referring Physician Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**VALLEY PAIN CONSULTANTS**  
West Valley  
6760 W. Thunderbird Rd, Suite 100  
Peoria, AZ 85381  
P: 602.242.5040  
F: 602.595.2470

Chief Complaint/Diagnosis: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

**VALLEY PAIN CONSULTANTS**  
West Phoenix  
9305 W. Thomas Rd, Suite 485  
Phoenix, AZ 85037  
P: 602.242.5040  
F: 602.595.2470

Authorization #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**VALLEY PAIN CONSULTANTS**  
North Scottsdale  
5425 East Bell Rd, Suite 115  
Scottsdale, AZ 85254  
P: 480.991.3005  
F: 602.547.6887

<input type="checkbox"/> Pain Consultation and Treatment	<input type="checkbox"/> IDET Procedure
<input type="checkbox"/> Epidural Steroid Injection __ cervical __ thoracic __ lumbar	<input type="checkbox"/> Sympathetic Block __ Stellate __ Celiac
<input type="checkbox"/> Facet Joint Injection __ cervical __ thoracic __ lumbar	<input type="checkbox"/> Lumbar __ Hypogastric __ Ganglion of Impar
<input type="checkbox"/> Selective Nerve Root Block __ cervical __ thoracic __ lumbar	<input type="checkbox"/> Occipital Nerve Block
<input type="checkbox"/> Discography __ thoracic __ lumbar	<input type="checkbox"/> Trial Spinal Cord Stimulator
<input type="checkbox"/> Intrathecal Pump/Trial/Refill __ Morphine __ Baclofen __ other	<input type="checkbox"/> Diagnostic Nerve Block
<input type="checkbox"/> Botox Treatment for Spasticity, Trigger Points and Migraines	<input type="checkbox"/> Nucleoplasty (Percutaneous)
<input type="checkbox"/> Specific Level Desired (if applicable): _____	
OTHER: _____	

**VALLEY PAIN CONSULTANTS**  
Central Phoenix  
1331 N 7<sup>th</sup> St, Suite 355  
Phoenix, AZ 85006  
P: 480.991.3005  
F: 602.547.6887

Please Include the Following:

- Face Sheet (demographics)
- Insurance Card (front & back)
- Referral or Authorization
- Clinical notes pertaining to patient's diagnosis
- Reports on diagnostic studies (MRI, CT, XRAY, EMG, etc.)

*Thank you for your referrals!*

*If this is a first-time referral, how did you hear about us?*

- Mailer  Fax  Periodical  Patient  Lunch/Dinner
- Other Provider  Website  Insurance Company  Other

Kerry J. Ando, MD  
Srinivas S. Bollimpalli, MD  
Daniel S. Choi, MD  
Joseph D. Curletta, MD  
Charles P. Dries, MD  
Steven H. Eisenfeld, MD  
Ashu Goyle, DO  
Ellen Olson, MD  
Samara Shipon, DO  
Mark C. Spiro, MD