



VALLEY PAIN CONSULTANTS
Scottsdale Osborn
 3301 N. Miller Rd, Suite 120
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Mesa
 1520 S. Dobson Rd, Suite 218
 Mesa, AZ 85202
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 10200 N. 92nd St, Suite 110
 Scottsdale, AZ 85258
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VALLEY PAIN CONSULTANTS
West Valley
 6760 W. Thunderbird Rd, Suite 100
 Peoria, AZ 85381
 P: 480.467.CARE (2273)
F: 602.595.2470

VALLEY PAIN CONSULTANTS
Estrella
 9305 W. Thomas Rd, Suite 500
 Phoenix, AZ 85037
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VALLEY PAIN CONSULTANTS
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 5425 East Bell Rd, Suite 115
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F: 602.547.6887

VALLEY PAIN CONSULTANTS
Central Phoenix
 1331 N 7th St, Suite 355
 Phoenix, AZ 85006
 P: 480.467.CARE (2273)
F: 602.648.4360

**NEW PATIENT REFERRAL
 FAX TO THE OFFICE OF YOUR CHOICE
 (SELECT FROM LEFT COLUMN)**

Date: _____

Patient Name: _____ DOB: _____

Home #: _____ Work #: _____ Cell #: _____

Referring Physician Name: _____

Referring Physician Phone #: _____ Fax #: _____

Primary Care Physician Name: _____

Primary Care Physician Phone #: _____ Fax #: _____

Chief Complaint/Diagnosis: _____

Evaluation Only
 Evaluate & Treat - Procedure requested _____

Insurance Carrier: _____

Authorization #: _____ Expiration Date: _____

Special Instructions: _____

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
- Steven H. Eisenfeld, MD
- Ashu K. Goyle, DO
- Ellen T. Olson, MD
- Nikesh D. Seth, MD
- Samara B. Shipon, DO
- Marc M. Soloman, MD
- Mark C. Spiro, MD
- William C. Thompson IV, MD