

Dr. Asim Khan
ABMS Board Certified

Dr. Daniel Ryklin
ABMS Board Certified



Interventional Pain Management Referral Form

**Comprehensive Pain Management*Sports Medicine*EMGs*

*Spinal Injections*Discograms *Peripheral Joint Injections* Percutaneous Disc Decompression* Spinal Cord Stimulators*

2045 S. Vineyard Rd., Suite 131
Mesa, AZ. 85210
480-986-PAIN (7246)
Fax: 480-986-7252

www.azpainandspine.com

10238 E. Hampton Ave. Suite 205
Mesa, AZ. 85208
480-986-PAIN (7246)
Fax: 480-986-7252

Fax the following to one of the offices above and we will contact the patient for scheduling and obtain the authorization if insurance allows.

Please schedule for evaluation of:

- Neck Pain Back Pain Arm Pain, side R / L Leg Pain, side R / L
 Nerve Conduction Study, Please specify body part _____
 Other: _____

Patient Name _____ DOB _____ Phone# _____

Referring Physician: _____

Office Address: _____

Phone: _____ Fax _____

Contact Person/Referral Coordinator: _____

*Primary Insurance: _____ ID#: _____

*Secondary Ins: _____ ID#: _____

- Face Sheet/ Demographics
- Referral (if one is required)
- Medical records including H&P & recent progress notes
- Med list
- MRI/X-Ray reports
- Authorization if insurance requires (see insurance list for reference)

AZ Pain & Spine Institute will complete following and fax back appointment date/time.

Please include a copy of the insurance card(s) if available

If Work Related Injury Please Complete the Following:

Claim Number: _____ Date of Injury: _____

Employer Name: _____

Adjusters Name: _____ Phone Number: _____

1st attempt to schedule:

2nd attempt to schedule:

3rd attempt to schedule:

YOUR PATIENT IS SCHEDULED ON: _____ @ _____

THANKS FOR THE REFERRAL!!!!