

A\$CLEPIUS

PAIN MANAGEMENT

Please complete this form and fax to:

916-492-9398

(Include both sides of insurance cards, office notes, imaging and studies)

Referring Physician _____ Phone _____ Fax _____

PATIENT INFORMATION

Last Name _____ First Name _____ MI _____ DOB _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Diagnosis (Related to Pain) : _____

Insurance Company Name _____ Policy # _____ Group # _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Co-Pay _____ Deductible _____

Insurance Authorization # _____ # Visits Authorized _____ Claim # _____ Date of Injury _____

IF PRIOR AUTHORIZATION IS REQUIRED IT MUST BE OBTAINED BY REFERRING OFFICE

SERVICES

- Consultation only
- Referral for Ongoing Management
- Consultation for Procedure as Appropriate
- Evaluation for Intrathecal Infusion Pump
- Evaluation for Spinal Cord Stimulation

- Functional Restoration Program Assessment
- Other (Please Specify) _____

OFFICE PROCEDURES ONLY

- Trigger Point Injection Area: _____
- Botox Injection Area: _____
- Large Joint Injection Area: _____
- EMG/Nerve Conduction Study Area: _____
- Other (Please Specify) _____

PHYSICIAN REQUESTED

- First Available Physician
- William Conard, M.D. Stephen Parkinson, M.D.
- Natalya Shtutman, M.D.

SURGERY CENTER PROCEDURES ONLY

Schedule with Dr. Conard or Dr. Parkinson directly at:

Pain Diagnostic & Treatment Center

Tel: 916 231-8787 Fax: 916 231-8767

FOLLOW UP CARE

- I am referring the patient to you for long-term care.
- I will follow patient after completion of procedure or consultation.

Thank You

Asclepius Pain Management

3831 N. Freeway Blvd. Ste 105, Sacramento, CA 95834

Tel: 916 492-9285

www.asclepiuspain.com

William J. Conard, M.D., Stephen K. Parkinson, M.D., Natalya Shtutman, M.D.