

HealthCARE Express Interventional Pain Management

Please fax to 1-877-227-8395 and/or 903-791-0381

Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
DOB:		Phone:	
Insurance:		Plan/ID #:	Group #:
WC Claim #:	WC Adjuster Name:	Phone:	Ext:

Diagnosis / Brief Pain History:

In order to expedite the referral process, please fax all of the following information. We will contact the patient once all information is received, verified and reviewed.

- Referral form completed in its entirety
- Legible copies of patient's insurance cards (both sides)
- Most recent clinical/progress notes, pertaining to the referred diagnosis
- List of current medications
- Current diagnostic testing workup and all imaging reports

Referring Provider Information

Referring Provider Name:		NPI #:	
Clinic Name:			
Address:		City:	ST: Zip:
Phone:		Fax:	
Referral Contact:		Phone: Ext:	

Services Requested

- Pain Consultation (opinion only)
- Pain Referral & Treatment (If treatment is to be turned over to us)
- Interventional procedure
 - Epidural injection
 - Joint injection
 - Selective/diagnostic nerve root block
 - Trigger point injection
 - Other areas you would like to have assessed

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- Balloon Kyphoplasty / Vertebroplasty (vertebral compression fracture)
- Botox for migraines
- Neuromodulator (spinal cord stimulator trial)
- Sympathetic blocks
 - Stellate Splanchnic Nerve Block Lumbar Superior Hypogastric Plexus Ganglion of Impar
- Intercostal nerve blocks
- Other:

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Referral Contact: Ashley Waller
Phone: 903-831-5454 Ext. 1421
Fax: 1-877-227-8395
ashley.waller@healthcareexpress.us

HealthCARE
Express[®]
Interventional Pain Management
PUTTING THE CARE BACK IN HEALTHCARE

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