



WOOSTER PAIN AND ANESTHESIA CENTER, LLC

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and

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WE TREAT YOU LIKE FAMILY

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Website: Woosterpaincenter.com

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REFERRAL REQUEST FORM

Date: _____

Referring Physician: _____ NPI# _____ Office contact: _____

Referring Office Phone: _____ Referring Office Fax: _____

Patient Name: _____ DOB: _____ SSN: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Primary Insurance: _____ Insurance ID# _____

Diagnosis: _____

Previous Pain Clinic No Yes (Please fax discharge letter)

REFERRAL ORDERS

Pain Evaluation and Management

Procedure Only

Consultation Only

| Spine Procedure (Under Fluoroscopy) | Joint Procedure | Pain Procedure |
|--|--|--|
| <input type="checkbox"/> Epidural Steroid Injection _____ Cervical _____ Thoracic _____ Lumbar _____ Caudal _____ Interlaminar _____ Transforaminal _____ Side _____ Level (s) _____ x2 _____ x1 <input type="checkbox"/> Celiac Plexus Nerve Block <input type="checkbox"/> Hypogastric Plexus Nerve Block | <input type="checkbox"/> Sacroiliac Joint Injection _____ Side <input type="checkbox"/> Radiofrequency Denervation of Sacroiliac Joint | <input type="checkbox"/> Occipital Nerve Block <input type="checkbox"/> Sciatic Nerve Block <input type="checkbox"/> Intercostal Nerve Block <input type="checkbox"/> Ilioinguinal Nerve Block <input type="checkbox"/> Pudendal Nerve Block <input type="checkbox"/> Suprascapular Nerve Block <input type="checkbox"/> Brachial Plexus Nerve Block |
| <input type="checkbox"/> Facet joint / Medial Branch Block _____ Cervical _____ Thoracic _____ Lumbar _____ Side _____ Level (s) _____ x2 _____ x1 | <input type="checkbox"/> Hip Arthrogram/Injection _____ Side | <input type="checkbox"/> Stellate Ganglion Block <input type="checkbox"/> Lumbar Sympathetic Ganglion Block |
| <input type="checkbox"/> Radiofrequency Denervation (Neurotomy) _____ Cervical _____ Thoracic _____ Lumbar _____ Side _____ Level (s) | <input type="checkbox"/> Knee, Shoulder, Elbow and any joint Injection _____ Side | <input type="checkbox"/> Botulinum Toxin Treatment for Headaches , Dystonia and Spasticity (Botox, Myoblock, Dysport) |
| <input type="checkbox"/> Discogram | <input type="checkbox"/> Orthovisc/Synvisc Joint Side | <input type="checkbox"/> Trigger Point Injections <input type="checkbox"/> Piriformis Muscle Injection |
| <input type="checkbox"/> Spinal Cord Stimulation | <input type="checkbox"/> Intra-Thecal Pump | <input type="checkbox"/> Surgical Rhizotomy |

Also send: Demographics/Facesheet

3 office notes

Radiology Reports

Copy of Insurance Cards