



# AUBURN PAIN SPECIALISTS

Office of Dr. Eric Robinson, MD

## REFERRAL FORM

IN ORDER TO EXPEDITE YOUR REFERRAL  
PLEASE PROVIDE US COMPLETE INFORMATION

REFERRING PROVIDER: \_\_\_\_\_ NPI# \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX# \_\_\_\_\_

PATIENT NAME (FIRST AND LAST) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PATIENT HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PATIENT'S INSURANCE - PRIMARY \_\_\_\_\_ SUBSCRIBER ID \_\_\_\_\_

PATIENT'S INSURANCE - SECONDARY \_\_\_\_\_ SUBSCRIBER ID \_\_\_\_\_

PATIENT'S INSURANCE - TERTIARY \_\_\_\_\_ SUBSCRIBER ID \_\_\_\_\_

PATIENT'S PCP \_\_\_\_\_ PCP PHONE NUMBER \_\_\_\_\_

PATIENT DIAGNOSIS \_\_\_\_\_

PLEASE BE ADVISED THAT NARCOTIC ANALGESICS WILL NOT BE WRITTEN ON THE FIRST VISIT UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE

PAIN CONSULTATION AND TREATMENT

INTERVENTIONAL PROCEDURE ONLY (PLEASE SPECIFY)

EPIDURAL INJECTION-LEVEL: \_\_\_\_\_  DISCOGRAPHY-LEVEL \_\_\_\_\_

FACET BLOCK-LEVEL: \_\_\_\_\_  SYMPATHETIC BLOCK \_\_\_\_\_

JOINT INJECTION-SITE: \_\_\_\_\_  OTHER: \_\_\_\_\_

TRIGGER POINT INJ-SITE: \_\_\_\_\_

**IN ORDER TO HELP US PROVIDE YOUR PATIENT WITH THE BEST POSSIBLE CARE PLEASE FAX THE FOLLOWING:**

- COMPLETED REFERRAL FORM
- LEGIBLE COPIES OF PATIENT'S INSURANCE CARDS (BOTH SIDES)
- LIST OF CURRENT MEDICATIONS
- ANY OFFICE VISITS PERTINENT TO COMPLAINT
- CURRENT DIAGNOSTIC TESTING AND RADIOLOGY REPORTS
- PREVIOUS PAIN MANAGEMENT NOTES (IF AVAILABLE)
- PATIENT SIGNED MEDICAL RECORDS RELEASE FORM (IF APPLICABLE)

\_\_\_\_\_  
PHYSICIAN SIGNATURE DATE