



Comprehensive Pain Management

Minimizing pain. Changing lives.

**DOUBLE BOARD CERTIFIED and
FELLOWSHIP TRAINED SPECIALISTS**

225-368-2300 - Phone
225-368-2280 - Fax
225-368-2353 - Referral Questions Direct Line

9118 Bluebonnet Centre Blvd.
Baton Rouge, Louisiana 70809
www.thepainspecialist.com

CONTACT INFO:

Date _____ Patient's Name _____ Referring
Diagnosis _____

Date of Birth _____ SS No. _____

Home No. _____ Work No. _____ Other _____

Referring MD _____ MD's NPI # _____

Other Referral Source
N.P. / P.A. / Atty / N.C.M. / W.C. Adj.: _____

Office No. _____ Fax No. _____

SERVICES REQUESTED:

- Pain management evaluation and treatment
- Pain management consultation
- Injection: (Please check injection below)
- Other _____

PROVIDER REQUESTED:

- 1st available
- Sandra R. Weitz, MD
- Alpesh D. Patel, MD
- Elizabeth A. Russo-Stringer, MD

62310	EPIDURAL STEROID INJECTION CERVICAL
62310	EPIDURAL STEROID INJECTION THOR.
62311	EPIDURAL STEROID INJECTION LUMBAR
62311	EPIDURAL STEROID INJECTION CAUDAL
64490	MEDIAL BRANCH BLOCK/FACET, CERVICAL/THORACIC 1ST
64493	MEDIAL BRANCH BLOCK/FACET, LUMBAR 1ST LEVEL
27096	SACROILIAC JOINT INJECTION

22520	VERTEBROPLASTY THORACIC
22521	VERTEBROPLASTY LUMBAR
64479	TRANSFORAMINAL/SNRB, CERVICAL/THORACIC
64483	TRANSFORAMINAL /SNRB, LUMBAR
64420	INTERCOSTAL NERVE BLOCK
62291	DISCOGRAPHY, CERVICAL/THORACIC ___ LEVELS
62290	DISCOGRAPHY, LUMBAR ___ LEVELS

INSURANCE INFO:

- Insurance
- W/C
- Attorney
- Self Pay

Primary Insurance _____ Policy ID and Group No. _____

Secondary Insurance _____ Policy ID and Group No. _____

If W/C, Carrier _____ Claim No.: _____

Upon receipt of the following information we will contact the patient promptly to schedule an appointment

- Demographic sheet
- Medical Records, MRI, Cat Scan and X-Rays
- Copy of insurance Card (Front & Back)
- This Completed Form

FAX TO: 225-368-2280