

PH: 937-280-4970  
FAX:937-630-4578

# Pain & Spine Center



Ohio Workers Comp  
Personal Injury

Blue Cross Blue Shield  
United Health Care

Anthem  
Medical Mutual

Aetna  
Medicare

Date \_\_\_\_\_ Patient Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Sex Male \_\_\_ Female \_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Insurance \_\_\_\_\_ Subscriber ID \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ Subscriber ID \_\_\_\_\_

Chief Complaint Diagnosis \_\_\_\_\_

**Currently prescribed pain medications** \_\_\_\_\_

Please Check All That Applies:

➤ <b>Pain Evaluation / Consultation</b>	➤ Diagnostic Pain Block
➤ <b>Potential Opiate Behavior</b>	➤ Vertebrobasilar (VBN) nerve ablation
➤ <b>Potential Pain Catastrophizing</b>	➤ Endoscopic Discectomy
➤ Epidural Steroid Injection.	➤ Intra-Spinous Implant
➤ Spinal Cord / Dorsal Root Ganglion Stimulator Implant	➤ MILD (Minimally Invasive Lumbar Decompression)

Referring Physician: \_\_\_\_\_

PH: \_\_\_\_\_ FAX: \_\_\_\_\_ NPI: \_\_\_\_\_

**FAX TO 937-630-4578 with DEMOGRAPHICS/APPLICABLE RECORDS, LIST OF CURRENT MEDICATIONS, COPY OF INSURANCE CARD ..... IMAGING MRI OR CT SCANS**

WE APPRECIATE THE OPPORTUNITY TO ASSIST IN YOUR PATIENTS HEALTHCARE NEEDS

2619 COMMONS BLVD  
BEAVERCREEK OH 45431

200 MEDICAL CTR DRIVE  
SPRINGFIELD OH 45504

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