



The Center for Pain Relief

70 Brookshire Lane, Beckley, WV 25801
Phone: (304)763-7394 Fax: (304)707-0497
www.centerforpainrelief.com

NEW PATIENT REFERRAL FORM

Thank you for your referral!

Please fax this completed form to (304)707-0497, along with copies of clinic notes, pertinent radiology studies, and a copy of the patient's insurance card (front and back).

Patient name _____ Preferred phone _____

Address _____

City _____ State _____ Zip _____

DOB _____ SSN _____ Gender _____

Primary insurance _____

ID Number _____ Group number _____

Phone number _____ Additional phone number _____

Secondary insurance _____

ID Number _____ Group number _____

Phone number _____

Referring physician _____ NPI# _____

Address _____ Phone _____ Fax _____

Primary care physician (if different) _____

Phone _____ Fax _____

Please describe the referring complaint:

Dx code: _____

Is a specific procedure requested?