

# Request For New Patient Consult

## Center for Pain Management

360 Virginia Avenue  
Wytheville, VA 24382  
Phone 276-228-0080 Fax 276-227-0678

Requesting Physician: \_\_\_\_\_ UPIN # \_\_\_\_\_

NPI#: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_

Patient Name (Last, First, Middle Initial): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Alternate Phone: \_\_\_\_\_

Insurance Type: \_\_\_\_\_ Referral or Authorization Number: \_\_\_\_\_

### Reason(s) for Consult:

Auto Accident Injury: \_\_\_\_\_ Yes \_\_\_\_\_ No      Work Related Injury: \_\_\_\_\_ Yes \_\_\_\_\_ No

For Workers' Compensation, please provide:      Date of Injury: \_\_\_\_\_

Claim Number: \_\_\_\_\_ Allowable Diagnosis Codes: \_\_\_\_\_

Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

**To expedite your patient's scheduling, please provide the following information along with this referral:**

- All medical records including MRI and Radiology Reports, Office Notes
- Copy of insurance cards
- If applicable, copy of authorization and referral number (e.g. Aetna, Cigna)

**ALL PATIENTS MUST PRESENT VALID, GOVERNMENT ISSUED PHOTO IDENTIFICATION.**

**Please note: A New Patient Consultation is a consult only and does not guarantee medication management.**

***Thank you for this referral and for the opportunity to participate in the care of your patient***

***If you have any questions or need additional information, please contact The Center for Pain Relief's Patient Access Specialist or Clinic Nurse at 276-228-0080 or the Department Director at 276-228-0498.***

Patient Information/Label

