Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ref MD Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If NP is referring, who is the supervising MD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact/Nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ref MD Fax #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Previous Appointments @ LaPainCare? YES / NO

Previous Appointments for this pain issue with any other physicians? YES / NO If so, please provide those records

Referring To: (Please ✔after Dr name you are requesting)

 **First Available \_\_\_\_\_ Ledbetter \_\_\_\_\_ Forte \_\_\_\_\_ Gordon \_\_\_\_\_**

**\*\*\*The Following records MUST be faxed with this referral sheet\*\*\***

**\_\_\_\_Insurance information (Insurance cards, front and back)**

**\_\_\_\_Demographic/Face sheet**

**\_\_\_\_Office Notes (last 3 notes, please include any surgery notes)**

**\_\_\_\_Diagnostics reports (MRI’s/ CT’s/ Bone Scan/ X-Rays/ EMG’s)**

**\_\_\_\_Medication List (Current meds only)**

**Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*PLEASE Fax Records & Referral Sheet to 318-807-0239**

**Or email to Jcagle@lapaincare.com**

**210 Layton Ave Monroe, LA 71201 318-323-6405**