INTEGRATED PAIN SOLUTIONS

REDUCING PAIN. IMPROVING FUNCTION.

REFERRAL SHEET

- ❑ Pain Management
- ❑ Suboxone

Date: _____

Patient Name: _____ M_____ F _____

Patient Telephone Number: _____

Patient Mailing Address: _____

Social Security Number: _____ DOB: _____

Is the patient currently enrolled in a Pain Clinic, if so where? _____

Please fax last 3-5 office notes and imaging reports for our Medical Director to review.

Diagnoses for the referral of the patient: _____

Type of Insurance (fax copies of insurance cards):_____

Carolina Access NPI/PCP: We need the NPI # for the PCP listed on the patient's Medicaid card, and the number of visits approved.

Referring Physician/NPI: _____

Office phone number: _____ Office fax number: _____# of visits_____

Comments: _____

_____

_____

Thank you for your referrals! If you have any questions, please call us at (910) 687-4888 or

NEW PATIENT REFERRAL

Fax: 919.443.1109

Phone: 844-939-PAIN (7246)

Email: IPSREFERRALS@IPS.MD