FELLOWSHIP TRAINED BOARD CERTIFIED PAIN MANAGEMENT SPECIALIST

Fast Track Injection Referral Form

Date:/	_	# of pages faxed
Referring physician:	Contact:	_ Phone:
□ URGENT (<7 Days) □	SEMI URGENT (1 – 2 Weeks) □ ELECTI\	/E (next available opening)
Primary Care Physician	Phone	
Patient Name	Phone	
Injection Requested: Epidural Steroid Injection Facet Joint Injection Selective Nerve Root Ir Medial Branch Nerve Ir Joint Injection Bursa Injection Radiofrequency Stellate ganglion Block Intrathecal Pump Evalu Dorsal Column Stimula	Level(s):	Right / Left
Insurance: Primary		(Photocopy)
Secondary		(Photocopy)
• .	eports from the latest MRI / CT / XRAYS	Latest Clinic Notes
Pertinent Labs Copy of insurance cards		List of current medications