QUESTIONS? Immediate assistance - Bradley Barber, Marketing 501-773-8787

Arkansas Spine and Pain
CENTER OF EXCELLENCE

DATE _____

Referring Physician _____

Phone # ( ) _____ Fax # ( ) _____

Please specifically document consultation requests in the patient's medical record. For consultation visits, we will send a complete report to the requesting provider after the patient visit.

PATIENT INFORMATION

Last Name _____ First Name _____

Patient DOB _____ SSN _____

Insurance _____

Patients Address _____

City, State, Zip _____

Phone ( ) _____ ( ) _____

Is this workman's comp? Y N Is this an MVA? Y N

Hx/Diagnosis _____

Reason for visit:

- ☐ Consultation only
- ☐ Consultation and treatment (if applicable)

Requested services, if applicable:

- ☐ Medication Management
- ☐ Epidural steroid injection
- ☐ Spinal Cord Stimulator
- ☐ MILD (Minimally Invasive Lumbar Decompression)
- ☐ Vertiflex Superion
- ☐ Kyphoplasty/Vertebroplasty
- ☐ Prolotherapy Injections
- ☐ Platelet Rich Plasma (PRP)

Please send the following:

- ☐ Progress Notes
- ☐ MRI/CT & Any previous test such as EMG, Bone Scans, and X-rays
- ☐ Copy of insurance card(s)
- ☐ PLEASE NOTE – MUST HAVE CURRENT MRI/CT (Within the last 6 months)

What location would you like for the patient to be scheduled at?

- ☐ Benton
- ☐ Conway
- ☐ Jacksonville
- ☐ Little Rock
- ☐ Searcy
- ☐ White Hall

Special Instructions/Specific Requests:

Please fax request to (501) 227-0187

5700 West Markham Street Little Rock, Arkansas 72205
Phone (501) 227-0184
www.ArkansasSpineAndPain.com