



**COMPREHENSIVE PAIN**  
MANAGEMENT SPECIALISTS

*"Dedicated to the Advancement and Treatment of Chronic Pain Disorders"*

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_

Diagnosis/ICD-9 \_\_\_\_\_ Home phone: \_\_\_\_\_

Referring Provider \_\_\_\_\_

**Treatment/Service Requested**

Pain Management Consultation, evaluate & treat \_\_\_\_\_

Epidural Steroid  Cervical  Thoracic  Lumbar

Sacroiliac Joint  Right  Left

Transforaminal Epidural  Right  Left  Level \_\_\_\_\_

Intercostal Nerve Block

Facet Joint/Medial Branch Block  Cervical  Thoracic  Lumbar

Discography  Cervical  Lumbar

Selective Nerve Root Block  Right  Left  Level \_\_\_\_\_

Other \_\_\_\_\_

Sympathetic Nerve Block  Stellate  Lumbar  Superior Hypogastric

Implantable Therapy  Spinal Cord Stimulator  Intrathecal Pump \_\_\_\_\_

Phone 858 453 7700

*Thank You for Your Referral*

Fax to 858 947 3828