



ADVANCED PAINCARE

Compassionate, comprehensive care for your pain.

2501 N. Third Street, Third Floor • Harrisburg, PA 17110

Phone: 717.782.6829 • Fax: 717.782.6831

www.advancedpaincare.org

Consultation Request

Referring Physician _____ NPI _____

Referring Physician Phone Number (_____) _____ - _____

Referring Physician Fax Number (_____) _____ - _____

Patient Name _____ Male _____ Female _____

Date Of Birth ____/____/____ Patient's Phone Number _____

Social Security Number ____/____/____ Email: _____@_____.

Insurance Plan: _____

Member ID Number _____ Group Number _____

Chief Complaint _____

Diagnosis _____

Specific Requests

_____ Interventional Procedure _____

_____ Consult / Treat _____

_____ Medication Recommendation _____

_____ Other _____

Please fax request to **717-782-6831**. We will call the patient the next business day at the latest to schedule an appointment. We will fax back this form to referring office with appointment date.

We request that you fax along any patient information that you have.

At the minimum we need:

- A copy of insurance card
- Recent office note
- MRI/CT/XRAY reports, patient to bring films to appointment
- EMG
- Operative Notes from related surgeries

FOR ADVANCED PAINCARE USE

Appointment Date _____ Time: _____ : _____ AM _____ PM _____

ADVANCED RELIEF

- Back & neck pain • Spinal problems
- Sacroiliitis • Cervicogenic headaches
- Joint pain • Abdominal pain
- Post-laminectomy syndrome • Shingles pain
- Leg pain • Neuropathies

ADVANCED SOLUTIONS

- Advanced diagnostic testing & treatment
- X-ray-guided injection therapy
- Neurostimulators • Botox® therapy • Nerve blocks
- Radiofrequency ablation • Acute & chronic pain treatment
- Discography • Medication management

PATIENT CONVENIENCE

- Most insurance accepted & filed
- Flexible appointments
- MasterCard & Visa welcome
- Caring, professional staff
- Free parking