PRINCIPLE
SPINE AND PAIN

Fax: 346-398-6600
PSPintake@principlehs.com

Phone: 281-991-2200, Option 1
principlespineandpain.com

Pain Management Referral Form

PATIENT INFORMATION

Date: _____

Patient Name: _____

Patient Phone: _____

DOB: _____

Diagnosis: _____

REFERRING PROVIDER INFORMATION

Provider Name: _____

Provider Phone: _____

Provider Fax: _____

NPI: _____

State License Number: _____

Physician Signature: _____

REASON FOR REFERRAL

- ◯ **Eval & Treat**
- ◯ **Consult Only**
- ◯ **Fast Trac -** *Same Day Eval & Injections for Qualifying Patients*
- ◯ **Other -** *Please Specify in Notes*

PLEASE INCLUDE

- ◯ **Demographics**
- ◯ **Clinical Notes**
- ◯ **Recent Imaging**
- ◯ **Copy of Insurance Card**
- ◯ **Copy of Identification Card**
- ◯ **PCP Referral**- *when applicable*

REFERRAL NOTES

_____

_____

_____

PROVIDERS

We will select the provider in our practice that will best aligns with their insurance policy, location, and availability.

If you have a provider preference, please notate below:

- ❑ **Jose Reyes, M.D.- Pasadena**
- ❑ **Arfan Qureshi, D.O. - Clear Lake**
- ❑ **Jerome Carter, M.D - Texas City**

Please Note: Not All Providers Accept the Same Insurance Plans

LOCATIONS

- ◯ **Pasadena**
  6243 Fairmont Parkway, #200
  Pasadena, TX 77505
- ◯ **Texas City**
  7111 Medical Center Dr., Suite 100
  Texas City, TX 77591
- ◯ **Webster**
  16840 Buccaneer Ln., Suite 202
  Houston, TX 77058

Please Complete the Form & Submit via Fax: 346-398-6600 or Email PSPintake@principlehs.com