

## 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

### REFERRAL NOTES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PLEASE INCLUDE

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

### 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:

- Bilal Dar, M.D.- Clear Lake
- Dwayne Dunbar, M.D.- Texas City
- Jose Reyes, M.D.- Pasadena
- \_\_\_\_\_

\*\*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