Valley Pain Centers of Arizona

P: 602-795-0207
F: 602-795-4514
Phoenix / Peoria / Scottsdale
info@valleypaincenters.com

Please fax **patient demographics, imaging reports, insurance card, and relevant office notes** with this referral.

Patient Name: _____ Today's Date: _____ DOB: _____

Primary Phone: _____

Clinical History: _____

ICD-10 Code: _____ Diagnosis: _____

Insurance Co: _____ Insurance Phone # : _____

Policy #: _____ Group #: _____

Personal Injury Y / N Case Mgr / Paralegal Name: _____

Attorney Name: _____ Attorney Phone: _____

Work Comp Y / N Adjuster / Case Mgr Name: _____

SERVICES OFFERED AT VPC

- MUA
- PRP / Stem Cell
- Synvisc
- Trigger Point / Myofascial Inj.
- Spinal Cord Stim Trials / Implants
- Kyphoplasty
- All Joint Injections
- Epidural Injections
- Medial Branch Blocks
- Occipital Nerve Blocks
- Intercostal Nerve Blocks
- Radiofrequency Ablation
- Bursa / Tendon Injections
- Peripheral Nerve Blocks
- Piriformis Injections
- Median Nerve Blocks
- Genicular Nerve Blocks
- Botox
- Traumeel

PLEASE CIRCLE

Consult Only Evaluate & Treat

Area of Concern: Spine / Shoulder / Elbow / Wrist / Hand / SI / Hip / Knee / Ankle / Foot / Other

R L Bilateral Level _____

Comments: _____

_____

_____

Referring Physician: _____ Signature: _____

Phone: _____ Fax: _____

Patient is scheduled for: _____ **Time**: _____