Tracy L. Neuendorf, D.O., F.A.O.C.A., Medical Director
Board Certified Pain Management & Anesthesiology

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Board Certified Pain Management & Physical Medicine/Rehabilitation

DOCTORS© PAIN CLINIC

www.doctorspainclinic.com

REFERRAL FAX LINE
FAX: 330.629.8373
Phone: 330.629.2888

DATE: ________________ **Number of Pages Faxed**:__________

PATIENT INFO:

Patient Name:___________________________DOB : ________ Soc. Sec.: ____________________

Phone: ________________ Insurance: __________________________________

Is this a work-related injury? ________yes __________no

Has the patient been seen in any Pain Clinic before? _____ yes ______no

If yes, Facility name: ____

Has this patient ever been dismissed by another physician? _____ yes _____ no

If yes, the Physician's name: ____

Patient's Primary Care Physician: ____

***Records needed if dismissed or seen by another pain physician.**

Reports Needed for Referral For Consultation to Doctors Pain Clinic:

We will call your patient to schedule an appointment as soon as all the information below Is received in our office.

____Last two Progress Notes DX:____________________________________

____Demographic Form

____C-9 for Worker's Compensation

____Medication List

____Attach previous or recent test reports/results related to the condition (MRI, X-RAYs, CT Scans, EMGs, etc.)

NOTE: Continuation of current oral medications is not guaranteed.

REFERRING PHYSICIAN INFO:

Physician Name:____

Office Contact for this Referral:______________________________________Ext_________________

Phone __________________________ Fax _______________________

Address ____

City________________________State____________Zip______________

NPI# __________________________Medicaid Billing Number: __________________________________

UPIN#_______________________

SELECT THE OFFICE LOCATION MOST CONVENIENT FOR YOUR PATIENT

THANK YOU FOR YOUR REFERRAL!

☐ **Main Office/Boardman, OHIO**

1011 Boardman-Canfield Road
Youngstown, OH 44512
330.629.2888 or1.888.784.4312

☐ **Warren/Howland**
Hunter's Square

8740 E. Market Street Suite 2
Warren, OH 44484
330.647.6404
Referral Fax: 330.629.2966

Providing the Region's Most Progressive Pain Management Options™

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