

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

Kate W. Paylo, D.O.

Board Certified Pain Management & Physical Medicine/Rehabilitation



**DOCTORS
PAIN CLINIC**

www.doctorspainclinic.com

REFERRAL FAX LINE
Howland/Warren

FAX: 330.629.2966

Phone: 330.647.6404

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 or 1.888.784.4312
Boardman Referral Fax : 330.629.8373

**Warren/Howland
Hunter's Square**

8740 E. Market Street Suite 2
Warren, OH 44484
Phone: 330.647.6404

**Providing the Region's
Most Progressive Pain
Management Options™**