

Referral To Interventional Pain Specialists

Phone: 877-873-7546 (877-87 Dr Jim) / Fax: 877-893-7546 - (877-89 Dr Jim)

DATE: _____ Referred for: Consult Procedure

James E. Wilson M.D.

Please complete this form and fax to: 877-893-7546 (877-89 DR JIM)
Include pertinent office note, imaging studies, insurance authorization.

Referring Physician Phone Fax

PATIENT INFORMATION

Last Name First Name MI DOB

Address City State Zip

Home Phone Work Phone Cell Phone

Insurance Company Name Policy # Group #

Address City State Zip

Phone Fax Co-Pay Deductible

Insurance Authorization # # Visits Authorized Claim # Date of Injury

Diagnosis

Services/Procedures Requested

CT Required

Thank you for your referral. Please fax **Referral** and **Patient Demographic** sheet to (877) 893-7546. Please include any other pertinent patient information. **MRI reports and last visit note** are especially helpful. Our office will call your patient within 24 hours to schedule an appointment.