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Interventional Spine & Pain Management

TEL: 480.626.2552

FAX: 480.626.2551 or 480.800.8776

Please complete form and fax to (480)626-2551. You can also send referrals via our website at azipc.com

FOR ANY URGENT REFERRALS OR QUESTIONS, PLEASE CALL OUR OFFICE AT (480)626-2552.

We look forward to working with you in order to best take care of your patient!

A. REFERRAL INFORMATION

Referring Physician: _____ NPI: _____

Contact Person: _____ Phone: _____ Email: _____

Physician Signature (if using form as order): _____ Office Fax: _____

B. REFERRAL INFORMATION FOR INTEGRATED PAIN CONSULTANTS

Appointment Type:

☐ STAT ☐ New Consult ☐ Established Patient ☐ Injection Only ☐ Workman's Comp

Reason for Visit/Diagnosis: _____

C. PATIENT INFORMATION

Patient Name: _____ DOB: _____

Phone: (H) _____ (C) _____ (W) _____

Address: _____

City: _____ State: _____ ZIP Code: _____

D. INSURANCE INFORMATION

Primary Insurance: _____ ID #: _____

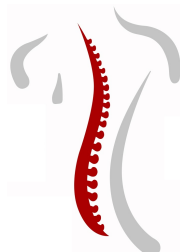
Secondary Insurance: _____ ID #: _____

Cardholder's Name: _____ DOB: _____

If a patient's insurance requires a referral, please note that we will need to have the referral from your office prior to seeing the patient. Please include any applicable clinical notes, imaging, labs, and reports as well. Thank you.

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