Freedom
PAIN HOSPITAL

17500 N Perimeter Dr. | Scottsdale, AZ 85255
Fax 480.586.2263 | **Phone** 480.586.2300

Patient Information

Name:_____

DOB:_____ Contact Phone: _____

Referring Physician: _____

Phone:_____ Fax:_____

Primary Insurance: _____

Member ID#: _____

Secondary Insurance:_____

Member ID#: _____

Referral

☐ Evaluate and Treat ☐ Paper Referral

Visits:_____ # Follow-Up Visits:_____

Chief Complaint:_____

☐ Authorization #:_____

Expiration Date:_____

NPI#:_____

_____

Referring Provider's Signature Date

Case Manager _____

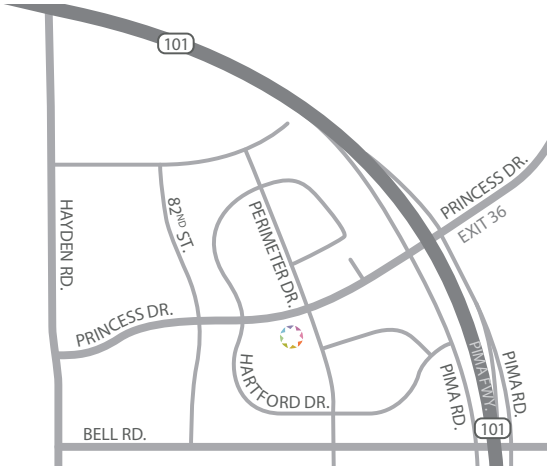
Referral Coordinator _____

Please attach & fax the following with this patient referral form:

1. PATIENT DEMOGRAPHICS
2. INSURANCE INFORMATION
3. MEDICAL RECORDS INCLUDING LAST 3 VISITS & MEDICATION LIST
4. RADIOLOGY REPORTS

Select the specialty service you are requesting your patient to receive:

- ○ Integrative Medicine
- ○ Behavioral Medicine
- ○ Ketamine Infusion for Complex Regional Pain Syndrome
- ○ Pain Management
- ○ Clinical Research
- ○ Surgical Care
- ○ Nutrition
- ○ Chiropractic



Free to live

www.FreedomPainHospital.com