

REFERRING-PHYSICIAN FORM-FAMILY

Virginia Interventional Pain & Spine Center, Inc. 3800 Electric Road, Suite 307, Roanoke, VA 24018
 Questions: Please contact us at: Phone: (540) 777 - 0090 Fax: (540) 206 -3826 Info@vapainc.com
 Consultation Request Form- fax to (540) 206 -3826

Emergent Urgent Routine

Check one or both of our providers:

Office Consult: Chheany Ung, M.D. Arun Sun, PA-C Kate Duff, PA-C First Available

REFERRING PHYSICIAN

Physician Name: _____ Practice Name: _____

Date: _____ Phone: _____ Fax: _____

Reason for Referral: _____

PATIENT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Phone: _____

SERVICES:

- Epidural Steroid**
 - Interlaminar :
 - Level Side (R) (L) (B)
 - Transforaminal:
 - Level Side (R) (L) (B)
- Facet Joint Injection**
 - Cervical Thoracic Lumbar
 - Level Side (R) (L) (B)
- Kyphoplasty**
 - Level
- Sacroiliac Joint Injections**
 - Level Side (R) (L) (B)
- Trigger Point Injections**
 - Location:
- Other:**

DIAGNOSIS

- Acute lumbar strain with/without leg pain
- Chronic back and leg pain
- Complex regional pain syndrome/CRPS (formerly RSD)
- Failed back surgery syndrome
- Herniated disc lumbar/thoracic/cervical
- Lumbar/Thoracic/Cervical DDD
- Lumbar/Thoracic/Cervical facet syndrome
- Myofascial pain syndrome
- Malignant pain
- Neuralgia
- Radiculopathy (Lumbar/Thoracic/Cervical)
- Sacroiliitis
- Shingles/ Post Herpetic Neuralgia
- Vertebral Fractures (Sacral/Lumbar/Thoracic)
- Other

Physician's Signature: _____ Date: _____

Please fax request, patient's demographic sheet, office notes, imaging studies and referral if needed to (540) 206 -3826
 **** Please note, we do not accept Medicaid or Virginia Premier****
 Our office will contact your patient within 24 hours to schedule an appointment