INTERVENTIONAL
PAIN & SPINE

121 NW Newton Dr
Burleson TX, 76028
Phone: 817-615-8840
Fax: 682-285-2468

REQUEST FOR EVALUATION AND TREATMENT

Please fax:

- Demographics
- Copy of insurance card(s)
- Most recent progress notes
- Imaging reports
- Referral / PCP Authorization (HMO)

Patient Name: _____ DOB: _____ Phone#: _____
Address: _____
Insurance: _____ Policy #: _____
Secondary Insurance: _____ Policy #: _____

Workers Comp: _____ Address: _____
Adjustor Name: _____ Adjustor Phone #: _____
Adjustor fax #: _____ Adjustor email: _____
Date of Injury: _____ Has the case settled: _____

Has the patient ever been seen by another pain physician? If Yes, who: _____
Office phone #: _____ Reason for leaving: _____

Referring Physician: _____ Phone #: _____
Primary Care Physician: _____ Phone #: _____

Notes / Specific request:
_____
_____
_____
_____

After we verify patients' benefits, we will contact your office and patients with appointment details.

Thank you for putting your trust in us.