Center *for* Pain Management

Interventional Treatment
For Acute, Chronic & Cancer Pain

SARTELL
166 19th Street South, Suite 101, Sartell, MN 56377
Office: 320-230-7788 ** Fax: 320-230-7789
BAXTER
15620 Edgewood Drive, Suite 200, Baxter, MN 56425
Office: 218-270-3111 ** Fax: 218-270-3024
ALEXANDRIA
519 22nd Avenue East, Alexandria, MN 56308
Office: 320-219-7611 ** Fax: 320-219-7612
BEMIDJI
2300 24TH Street NW Suite #101, Bemidji, MN 56601
Office: 218-444-2624 ** Fax: 218-444-6768

www.centerforpainmanagement.org

Referral Form

PATIENT INFORMATION (Please Print Clearly)

Name(Last): _____ (First):_____MI: ____

DOB: _____/_____/_____

Primary Ph#: _____ Secondary Ph#: _____

Treating for:

- ❑ Neck (includes arm symptoms and/or headache)
- ❑ Back (includes leg symptoms)
- ❑ Neck and Back
- ❑ Thoracic

Other:

- ❑ Urgent
- ❑ Consult & Treat
- ❑ Physical Therapy Consult-Bemidji Facility Only

Insurance:

- ❑ Personal Insurance _____
- ❑ Motor Vehicle/Liability _____
- ❑ Workers Compensation Claim _____

Physician's Signature: _____

**PLEASE FAX COPIES OF ANY DIAGNOSTIC REPORTS (MRI, CT, X-RAY, ETC), MOST RECENT OFFICE NOTES, PATIENT DEMOGRAPHIC AND INSURANCE INFORMATION WITH THIS FORM.