

west chester

PAIN MANAGEMENT

7862 KINGLAND DRIVE SUITE 201 WEST CHESTER, OHIO 45069
PHONE 513.755.1341 FAX 513.755.5342

We are referring Mr. / Mrs. _____

Address: _____

Home phone: _____ Cell phone: _____

To **West Chester Pain Management** for:

- Pain Management consult only
- Adjuvant Pain Management (treatment as a 2nd treating physician)
- Assumption of complete Pain Management care plan for the patient.
- Disc Decompression Cervical Lumbar
- Strengthening Program
- Diagnostics EMG Nerve Testing
- Motion x-ray study of the Cervical Spine Lumbar Spine
(Video Fluoroscopy)

Patient History: _____

Attachments: _____

Referring Physician: _____

Phone: _____

Address: _____