ADAM CAMP, MD
Board Certified Anesthesiologist
Pain Management Specialist
431 Swartz Court, Suite 200
Ionia, MI 48846
Phone: 616-841-2615
Fax: 616-828-1752
www.IoniaPain.com

REFERRAL REQUEST FORM

Patient Name: _____

Date of Birth: _____ **Phone:** (____) _____

Social Security Number: _____

Insurance Type: _____

Enrollee ID: _____

Group Number: _____

Referring Physician: _____

Phone: _____ **Fax:** _____

Pain-related diagnoses:

1. ICD 10 code _____ Description _____

2. ICD 10 code _____ Description _____

Type of Consult Requested:

- ○ **Evaluate and Treat** (using minimally invasive procedures ONLY)
- ○ **Evaluate and Treat** (using minimally invasive procedures AND assuming control of pain medication management.)
- ○ **Evaluate and Recommendations ONLY**
- ○ **Other** _____

Thank you for allowing us to take part in the care of your patient! Please send the following:

- Face sheet (demographics) with insurance information.
- A copy of the most recent office visit
- History and Physical (including medication list)
- CT or MRI (preferred) reports of appropriate areas

*Please fax form to 616-828-1752
*Appointments will be made when received, thank you!