



UNIVERSITY OF MARYLAND PAIN MANAGEMENT CENTER PROVIDER REFERRAL / REQUEST FORM

UNIVERSITY OF MARYLAND REHABILITATION & ORTHOPAEDIC INSTITUTE, 2200 KERNAN DR., BALTIMORE, MD 21207

Patient Phone Line: 410 448-6824
Physician Phone Line: 410-448-6622

DATE: _____

Referring Provider Name: _____ Phone: _____ Fax: _____ Address: _____ Email: _____	
PLEASE COMPLETE THIS FORM AND FAX TO 410-448-7150	
Patient Information: <input type="checkbox"/> PLEASE INDICATE IF THIS IS A CANCER PATIENT	
Patient Name: _____	Patient Insurance: _____
Date of Birth: _____	Patient MRN #: _____ (UMROI, UMMS or FPI # if applicable)
Home/Cell Phone #: _____	Work Phone #: _____
<input type="checkbox"/> Referral for Pain Management Consultation: Diagnosis: _____ Pertinent History: _____ List Current Medications: _____	
Referral for Procedure (check below): <input type="checkbox"/> Epidural Steroid Injection: Circle one: Lumbar Cervical Thoracic <input type="checkbox"/> Lumbar Selective Nerve Root Block Level(s): _____ <input type="checkbox"/> Cervical Selective Nerve Root Block-diagnostic only Level(s): _____ <input type="checkbox"/> Facet Block: Circle one: Lumbar Cervical Thoracic <input type="checkbox"/> Radiofrequency Lesioning: Circle one: Cervical Thoracic Lumbar SI Joint <input type="checkbox"/> Epidural Blood Patch <input type="checkbox"/> Kyphoplasty Circle one: Lumbar Cervical Thoracic	<input type="checkbox"/> Discogram: Circle one: Cervical Lumbar Level(s): _____ <input type="checkbox"/> Sacroiliac Joint Injection: Circle one: Right Left Bilateral <input type="checkbox"/> Other Somatic/Sympathetic Nerve Block(s) Please Specify: _____ <input type="checkbox"/> Spinal Cord Stimulator <input type="checkbox"/> Peripheral Nerve Stimulator <input type="checkbox"/> Other: _____

FOR ALL REQUESTS, PLEASE ATTACH THE FOLLOWING INFORMATION:

- + MOST RECENT NOTES DESCRIBING THE PATIENT'S PAIN PROBLEM AND TREATMENTS
- + DIAGNOSTIC TEST REPORTS, IF AVAILABLE I.E. X-RAYS/MRI/CT/LAB TESTS PERTINENT TO PAIN PROBLEM

UPON RECEIPT, THE PATIENT WILL BE CONTACTED WITH AN APPOINTMENT DATE.