dr sueno.com

Paul Andrew Sueno MD PLLC

physiatry · pain medicine · *maximize your potential*

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Consultation and Procedure Request Form

Referring Provider _____ Date of Request _____

☐ I am the patient's Primary Care Provider (PCP)

Address / Tel / Fax _____

_____

_____

Patient Name _____ Date of Birth _____

Address / Tel _____

_____

☐ Worker's Compensation ☐ Motor Vehicle Collision

Insurance Carrier _____ ID Number _____

Diagnosis _____ ICD-9 _____

_____ _____

Consultation Requested

☐ Low Back Pain ☐ Sciatica ☐ Buttock/Hip Pain

☐ Neck Pain ☐ Shoulder Pain ☐ Arm/Hand Pain

☐ CRPS/RSD ☐ Other Joint Pain _____

☐ Fibromyalgia ☐ Neuropathic Pain (eg, shingles, DM, etc)

☐ Cancer Pain ☐ Chronic Post-Operative Pain

☐ Opioid Mgmt ☐ Perioperative Pain Plan

☐ Headache/Face ☐ Other _____

Procedure Requested _____

☐ EMG r/o _____

Provider Signature _____