



COMPREHENSIVE CENTERS FOR PAIN MANAGEMENT

FAX REFERRAL FORM

William James, MD • Nadeem Moghal, MD • Alexander Escobar, MD • Jeff Gao, MD • Scott Short, MD
Brandon Stokey, MD • Matthew Rogers, PsyD • Cassandra Brown, CNP • Patricia Harben, CNP
Patricia Kroncke, CNP • Gary Sowinski, CNP • Debra Wenzke, CNP • Amanda McDole, CNP

3400 Meijer Drive
Toledo, OH 43617
(419) 843-1370

1090 W. South Boundary Street, #600
Perrysburg, OH 43551
(419) 843-1370

846 South Coy Road
Oregon, OH 43616
(419) 843-1370

Please Fax Referral to: 419-843-1362

Date: _____ Person Faxing Referral: _____

Referring Physician's/Practitioner's Name: _____

Referring Physician's Phone Number: _____

Patient Name: _____ DOB: _____

Patient Address: _____

Patient Phone Number: _____

Diagnosis/Reason for Consultation: _____

Pain Management Physical Therapy

Patient Info: Opioid dependent? **Y N**

Has been to pain management physician in the past? **Y N**

If YES, previous provider's name: _____

Complaining of pain for more than six months? **Y N**

On blood thinners? **Y N**

Insurance Information:

Please send a copy of patient's demographic information with this referral. We will also need the following documents, if available:

- All Radiology Reports
- Latest Dictation
- Medication Sheet
- Copy of Patient Data Sheet
- Pre-Certification for Insurances or C-9 for BWC
- Previous Pain Management records, if applicable

Thank you for your referral.

Please call us if you have any questions or comments.

1-877-446-6724

cc4pm.com

Phone: (419) 843-1370

Fax: (419) 843-1362