



# COMPREHENSIVE CENTERS FOR PAIN MANAGEMENT

## FAX REFERRAL FORM

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(419) 843-1370

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

**Please Fax Referrals To: 419-754-5870**

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

<b>Patient Info:</b> Opioid dependent	<b>Y N</b>
Has been to pain management physician in the past	<b>Y N</b>
Complaining of pain for more than six months	<b>Y N</b>
On blood thinners	<b>Y N</b>

**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

Thank you for your referral to CC4PM.

Please call us if you have any questions or comments.

877-446-6724

www.cc4pm.com

Phone: 419-843-1370

Fax: 419-754-5870