INTEGRATED PAIN Consultants
Comprehensive Approach to Spine & Joint Pain

New Patient Referral

Interventional Spine & Pain Management
TEL: 480.626.2552
FAX: 480.626.2551

Nikesh Seth, MD
Emily Rush, ACNP

Please complete form and fax to (480)626-2551.

A. REFERRING PHYSICIAN INFORMATION

Referring Physician:_____ NPI: _____

Contact Person:_____ Phone:_____ Email: _____

Physician Signature (if using form as order): _____

B. REFERRAL INFORMATION FOR INTEGRATED PAIN CONSULTANTS

Appointment Type:

☐ STAT ☐ New Consult ☐ Established Patient ☐ Injection Only ☐ Workman's Comp

Reason for Visit/Diagnosis:_____

Please call 480.626.2552 for immediate assistance.

C. PATIENT INFORMATION

Patient Name:_____ DOB: _____

Phone: (H)_____ (C)_____ (W) _____

Address: _____

City:_____ State:_____ ZIP Code: _____

D. INSURANCE INFORMATION

Primary Insurance:_____ ID #: _____

Secondary Insurance:_____ ID #: _____

Cardholder's Name:_____ DOB:_____

If a patient's insurance requires a referral, please note that we will need to have the referral from your office prior to seeing the patient. Please include any applicable clinical notes, imaging, labs, and reports as well. Thank you.

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