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Referral Form

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Please circle all relevant impressions or diagnoses:

- Low back injury
- Neck injury
- Chronic headaches
- Spinal disc herniation or derangement
- Spinal facet syndrome
- Radiculopathy
- Neuropathy
- Work-related injury
- Sports-related injury
- Vehicular accident injury
- Myofascial (trigger point) syndromes
- Arthritis
- Sacroiliitis
- Chronic pain syndrome
- Cancer
- Compression fracture
- Other: _____

Fax Transmission
From: _____ (Physician Signature)
RE:
Patient: _____
Phone: _____
DOB: _____
Insurance: _____
Is being referred to the Guardian Headache & pain management Institute and for evaluation and treatment.
Please include all pertinent information including history and prognosis, radiology reports or office notes.
Comments/specific instructions: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

- Please circle #1 or #2:***
1. Evaluation and Recommendation Only
 2. Evaluation and Treatment
- Services provided include:***
- Acute and Chronic Pain Management
 - Trigger Point Injection
 - Botox Injection
 - Lumbar Epidural Injection
 - Thoracic Epidural Injection
 - Cervical Epidural Injection
 - Diagnostic Lumbar Facet Nerve Block
 - Lumbar Facet Radiofrequency Rhizotomy
 - Cervical Facet Nerve Block
 - Cervical Facet Radiofrequenc Rhizotomy
 - Selective Transforaminal Epidura Injection
 - Selective Transforaminal Epidura Injection
 - Stellate Ganglion Block
 - Lumbar Sympathetic Block
 - Celiac Plexus Block
 - Occipital Nerve Block
 - Peripheral Nerve Block
 - Selective Nerve Block
 - Provocative Discography
 - Spinal Cord and Peripheral Nerve Stimulator Implantation
 - Invasive and Non-Invasive Cancer Pain Management
 - Kyphoplasty
 - Sphenopalatine & Gasserian Ganglion Block
 - Low level LASER treatment
 - Biofeed back

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