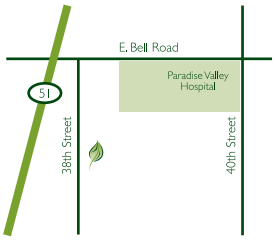
Paradise Valley Pain Specialists

Paul Wang, D.O.
Fellowship-trained in Pain Management
Board-certified in Physical Medicine & Rehabilitation

❑ 3815 E. Bell Road
Phoenix, AZ 85032



New Patient Referral

Date: _____

Patient Name: _____ DOB: _____

Home#: _____ Work#: _____ Mobile#: _____

Referring Physician Name: _____

Referring Physician Phone: _____ Fax: _____

Primary Care Physician Name: _____

Primary Care Physician Phone: _____ Fax: _____

Chief Complaint/Diagnosis: _____

_____

❑ Evaluation Only
❑ Evaluate & Treat - Procedure requested _____

Insurance Carrier: _____

Authorization #: _____ Expiration Date: _____

Special Instructions: _____

_____

Please Include the Following:

❑ Face Sheet (Demographics)
❑ Copy of Insurance Card (Front and Back)
❑ Consultations
❑ Office Notes
❑ Reports on Diagnostic Studies (MRI, CT, Myelogram, EMG, X-Ray, etc.)

Thank you for your referral!

(602) 494 - 5015
Fax (602) 445-9369
office@pvpain.com
www.pvpain.com