



Johnston Pain Management | Referral Form

250 Huff Drive Jacksonville, NC 28546
Phone (910)353-4414 Fax (910)353-2972

1072 NC Hwy 210 Ste C Sneads Ferry, NC 28460
Phone (910)741-0801 Fax (910)741-0804

Patient Name _____ DOB _____

Patient Phone _____ Patient SS# _____

Patient Ins _____ Secondary Ins _____

Please send a copy of insurance cards, patient demographics, and medical records with this form.

Diagnosis or Chief Complaint _____

Referring Provider _____ Phone _____

- Evaluation and recommendations
- Evaluation and management
- Medication management
- Fast-track evaluation and diagnostic/therapeutic procedure (indicate procedure below)
(Fast-track= Evaluation and procedure within 1-5 days)
- Evaluation for spinal cord stimulator
- Evaluation for intrathecal drug delivery system, chronic pain
- Evaluation for intrathecal drug delivery system, spasticity
- Psychological evaluation and recommendations
- Psychological treatment
- Behavioral pain management

Procedure:

- Selective local anesthetic diagnostic block

Nerve root block _____

Facet joint, medial branch _____

Facet joint, intraarticular _____

Other _____

- Epidural steroid injection
- Selective transforaminal epidural injection
- Sacroliac joint injection
- Vertebroplasty/ Kyphoplasty
- Provocative discography
- Other _____
- As indicated by clinical exam

Patient must bring MRI, CT, or available radiologic studies to his/her appointment (films and reports).

WE DO NOT FILE OR ACCEPT MEDICAID OR HMO POLICIES

Date/Time of appointment _____

Patient Notified on _____ By _____