INTERVENTIONAL PAIN MANAGEMENT
DWAYNE E. JONES, MD, LLC

FAX REFERRAL FORM

PLEASE CIRCLE PREFERRED LOCATION AND FAX FORM

Lee's Summit Medical Center
2000 SE Blue Parkway, Suite 240 - Lee's Summit, MO 64063
Appointments: 816.282.5915 - Fax: 816.282.5808

North Kansas City Hospital
2790 Clay Edwards Drive - North Kansas City, MO 64116
Appointments: 816.268.6395 - Fax: 913.381.0979

Name: _____ Date: _____

DOB: _____Home Phone #: _____

Cell #: _____Work Phone #: _____

Chief Complaint/Diagnosis: _____

_____

*PLEASE FAX COPIES OF ANY DIAGNOSTIC REPORTS (MRI, CT, X-RAY, ETC.), AS WELL AS THE MOST RECENT PHYSICIAN'S NOTES, PATIENT DEMOGRAPHICS AND INSURANCE INFORMATION RELATED TO THE PATIENT ALONG WITH THIS REQUEST FORM.

☐General Pain Mngt. Consult/Evaluation
☐Work Comp Evaluation
☐Second Opinion
☐Consult for Med Management
☐Eval for Non-Narcotic Treatment/Cervogenic Headache
☐Selective Diagnosis Nerve Block Specified Level Desired ____
☐Epidural Steroid Injection ☐Cervical ☐Thoracic ☐Lumbar
☐Facet Joint Injection ☐Cervical ☐Thoracic ☐Lumbar
☐Discography ☐Cervical ☐Thoracic ☐Lumbar
☐Radiofrequency of the ☐Hip ☐Knee ☐SI Joint
☐Spinal Cord Stimulation Evaluation
☐Epidural Neuroplasty (Adhesiolysis) ☐Cervical ☐Thoracic
☐Lumbar ☐Knee
☐Trigger Point Injection
☐Joint Injection ☐SI ☐Hip ☐Shoulder ☐Knee ☐Ankle
☐Temporomandibular

☐Occipital Nerve Block
☐Intercostal Nerve Block
☐Celiac Plexus Block
☐Trigeminal Nerve Block
☐Stellate Ganglion Block
☐Lumbar Sympathetic Block
☐Nucleoplasty, Percutaneous Disc Decompression
☐Treatment for Compression Fractures
☐Kyphoplasty ☐Vertebroplasty
☐Treatment for Fibromyalgia/Myofascial Pain

Other: _____

Referring Physician: _____City & State: _____

Contact Telephone: _____ Contact Fax: _____

Email Address: _____

THANK YOU FOR YOUR REFERRAL TO OUR PRACTICE!
DWAYNE E. JONES MD