

PAIN INSTITUTE OF NEVADA

Comprehensive Pain Medicine

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www.paininstitute.com

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PATIENT INFORMATION

Patient Name _____ DOB _____ SS# _____ Phone () _____
 Insurance Co. _____ Phone () _____ Insured _____ SS# _____

DOCTORS INFORMATION

Referring Physician _____ Contact Person _____
 Phone # _____ Fax # _____

TREATMENT REQUESTED

- Consultation
- Medical Management
- Independent Medical Evaluation
- Chiropractic
- Diagnostic Injections _____
- Therapeutic Injections _____
- IDET
- Therapeutic Disk Injection
- Botulinum Toxin Therapies
- Medical Massage
- Cold Laser Therapy
- Preop Smoking Cessation
- Other: _____

Diagnosis / History:

TO OBTAIN AN APPOINTMENT

Fax this form along with the Doctors' notes, relevant diagnostic reports (MRI etc.) and a copy of the patient's insurance card to the Pain Institute of Nevada (702) 878-9096

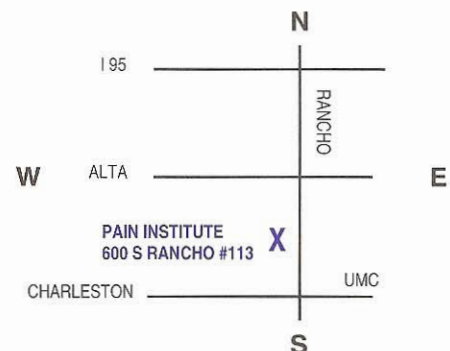
MEDICAL SERVICES

Diagnostic Services

- Evaluation for painful conditions
- Independent Medical Evaluation
- Diagnostic Procedures (e.g. Discography)
- Injury Evaluation

Treatment Services

- Subacute and Chronic Pain Management
- Chiropractic
- Functional Restoration Program
- Injection Therapy
- IDET (IntraDiscal Electrothermal Therapy)
- Therapeutic Disk Injection
- Botulinum Toxin Therapy
- Nerve Ablation
- Implantable Devices (Spinal Cord Stimulators and Spinal Infusion Pumps)
- Cold Laser Therapy
- Preop Smoking Cessation/ Wt Loss
- Hypnotherapy
- Medical Massage and Physical Modalities



Please bring this form, your insurance cards, I.D., a list of your medications with dosages, and any pertinent records and X-rays to your appointment