



# CAPITOL PAIN INSTITUTE

Phone/Text **740-653-2500**

Fax **888-258-2101**

Email **Referrals@CapitolPain.com**

Website **CapitolPain.com**

## PREFERRED LOCATION

- Capitol Pain Institute, New Albany  
5040 Forest Drive, Suite 240  
New Albany, OH 43054
- Capitol Pain Institute, Pickerington  
1509 Stonecreek Drive South  
Pickerington, OH 43147
- No Preference / First Available

## PATIENT INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

### PLEASE SUBMIT EACH OF THE FOLLOWING WITH REFERRAL:

- Patient Demographics
- Last 3 Office Notes
- Imaging (If Available)
- Copy of Insurance Card, Workman's Comp Information, or Attorney Information

## REFERRING PROVIDER INFORMATION

Physician Name \_\_\_\_\_ Clinic Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

## EVALUATE AND TREAT:

- Neck Pain       Back Pain       Failed Back Surgery Syndrome       Joint Pain
- Pelvic Pain       Complex Regional Pain Syndrome       Headaches

Other: \_\_\_\_\_

## EVALUATE AND CONSIDER:

- Epidural Steroid Injections       Radiofrequency Ablation       Genicular Nerve Block       Spinal Cord Stimulation
- Peripheral Nerve Block       Kyphoplasty       Superior       Peripheral Stimulation
- Transforaminal Epidural Injections       Facet Joint Injections       Sympathetic Nerve Block       Stellate Ganglion Blocks
- Sacriolic Joint Injections

Other: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THANK YOU** for referring your patient to Capitol Pain Institute.





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## NEW ALBANY

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## PICKERINGTON

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