



NEBRASKA PAIN INSTITUTE

Getting you back to the good life

4546 S 86th St, Suite B
Lincoln, NE 68526
Phone (402) 488-7246
Fax (402) 488-7247
NebraskaPainInstitute.com

C. Weston Whitten, MD
Douglas Spurgeon, MD
Pain Medicine Specialists
NEW PATIENT REFERRAL FORM

Referring Provider: _____

Patient name: _____ DOB _____ SSN _____

Best Contact Phone #: _____ Primary Insurance: _____

Pain-related diagnosis: _____

Specific Instructions: _____

Preferred Provider

- Dr. Whitten
- Dr. Spurgeon
- First Available

Follow up with

- Nebraska Pain Institute
- Referring Physician

Requested Procedures and/or Treatment

- | | |
|-------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Pain Management Evaluation and Treatment | <input type="checkbox"/> Kyphoplasty |
| <input type="checkbox"/> Selective Nerve Root Block | <input type="checkbox"/> Vertiflex |
| _____ Lumbar _____ Cervical | <input type="checkbox"/> Sacroiliac Joint Injection |
| <input type="checkbox"/> Epidural Steroid Injections | <input type="checkbox"/> Celiac Plexus Block |
| _____ Lumbar _____ Cervical | <input type="checkbox"/> Peripheral Nerve Block |
| <input type="checkbox"/> Facet Injections/Medial Branch Block | <input type="checkbox"/> Radiofrequency Ablation |
| <input type="checkbox"/> Evaluation for Spinal Cord Stimulator | <input type="checkbox"/> Other _____ |

To facilitate the referral process, please fax this completed form, along with:

- Copy of front and back of patient's insurance card(s) (must be received prior to review of information)**
- Copies of 2-3 most recent office notes
- Copies of any XRay/MRI/CT reports that are related to the patient's pain symptoms (outside of AMI, Bryan, or St. Elizabeth)

We will make initial contact with the patient within 24 hours after receiving the information.

Thank you for the referral! We appreciate the opportunity to share in your patient's care.