



St. Michael's Pain And Spine Clinics

**Miguel A. Pappolla, MD, PhD**

Board Certified and Fellowship trained in Pain Medicine  
Board Certified and Diplomate in Neurology  
Board Certified and Fellowship trained in Neuropathology  
Board Certified in Anatomic and Clinical Pathology  
Professor of Neurology-MUSC & UTMB

# FAX REFERRAL

Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

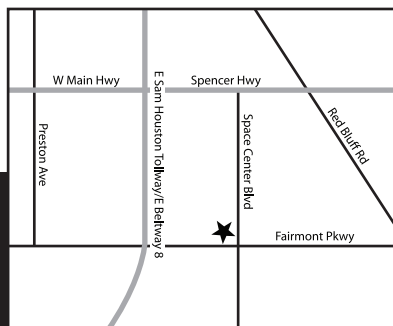
Chief Complaint/Diagnosis: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

**\* 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. \***

- |  |   |
|--|---|
| <input type="checkbox"/> Pain Evaluation & Consultation<br>___ Headache Clinic Appointment<br>___ Back/Neck Pain Clinic Appointment<br>___ Nerve Conduction Studies/EMG Examination<br>___ Other Pain Problem<br><br><input type="checkbox"/> Epidural Steroid Injection<br>___ cervical ___ thoracic ___ lumbar<br><br><input type="checkbox"/> Facet Joint injection<br>___ cervical ___ thoracic ___ lumbar<br><br><input type="checkbox"/> Selective Nerve Root Block<br>___ cervical ___ thoracic ___ lumbar<br><br><input type="checkbox"/> Discography<br>___ thoracic ___ lumbar<br><br><input type="checkbox"/> Specific Level Desired (If applicable): _____ | <input type="checkbox"/> Percutaneous Discectomy/Disc Denervation<br><br><input type="checkbox"/> Lumbar Sympathetic Block<br><br><input type="checkbox"/> Occipital Nerve Block<br><br><input type="checkbox"/> Stellate Ganglion Block<br><br><input type="checkbox"/> Trial Spinal Cord Stimulator<br><br><input type="checkbox"/> Facet Rhizotomy<br><br><input type="checkbox"/> Diagnostic Nerve Block<br><br><input type="checkbox"/> Sacroiliac Joint Pain Treatment<br><br><input type="checkbox"/> Botox Treatment for Maxillofacial Pain, Migraines and TMJ<br><br><input type="checkbox"/> Radiofrequency Nerve/Dorsal Root Ganglion Ablation<br><br><input type="checkbox"/> Facet Denervation for Spodylotic/Arthritic Cervical/Lumbar Pain |
|--|---|

OTHER: \_\_\_\_\_



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[www.smpsclinic.com](http://www.smpsclinic.com)