

# Advanced Pain Management and Rehab Medical Group, Inc.

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## Referral Form

Please call or fax this completed form along with insurance authorization if required, our office will contact the patient.  
Please send/fax relevant medical records including imaging study, EMG reports, procedure notes, etc.

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Referring Office: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSURANCE INFORMATION:**     Industrial     Private     Medicare  
 HMO     Other: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Claim/ID #: \_\_\_\_\_ DOI/Group #: \_\_\_\_\_

Adjuster/Medical Group: \_\_\_\_\_

### (Optional)

#### Select Referral Procedures:

- Celiac Plexus Blocks
- Disc Decompression
- Discography
- Intradiscal Electrothermal
- Coagulation
- Interlaminar Spacer Device
- Implantation of Pain Pumps
- Joint Injections
- Kyphoplasty
- Lumbar Sympathetic Blocks
- Peripheral Nerve Stimulation
- Restorative Procedures
  - PRP
  - Amino
  - Exosomes
  - Wharton's Jelly
  - Lipogems
- Sacroiliac Joint Injection
- Sacroiliac Joint Fusion
- Stellate Ganglion Block
- Spinal Column Stimulators
- Trigger Point Injection
- Vertebroplasty

#### Select Level and Side for Procedures Below:

- Epidural Steroid Injection
- Facet Joint Injection
- Medial Branch Block
- Radiofrequency Ablation

#### Level:

- Lumbar
- Cervical
- Thoracic

#### Side:

- Left
- Right
- Bilateral

#### For Office Use Only:

Date Appointment Scheduled: \_\_\_\_\_

Location Scheduled: \_\_\_\_\_

FOR ADDITIONAL REFERRAL FORMS PLEASE VISIT  
[WWW.BAYAREAPAINDOC.COM](http://WWW.BAYAREAPAINDOC.COM)