



Please Fax Form To:
(866) MYPAIN4
6 9 7-2 4 6 4

Thank you in advance for giving us the opportunity to care for your patient. Please complete the following info and fax to our attention. Our dedicated scheduling staff will contact the patient within 48 hours and notify your office of the appointment date and time via return fax.

- | | | | | |
|---|--|---|--|---|
| <input type="checkbox"/> Jason C. Lewis, M.D.
Board Certified Pain Medicine
Board Certified Anesthesiology | <input type="checkbox"/> S. Kyle Young, M.D.
Board Certified Pain Medicine
Board Certified Anesthesiology | <input type="checkbox"/> James Jackson, M.D.
Board Certified Pain Medicine
Board Certified Anesthesiology | <input type="checkbox"/> Jenna Dismore, M.D.
Board Certified Pain Medicine
Board Certified Anesthesiology | <input type="checkbox"/> Brendon Coughtry, M.D.
Board Certified Pain Medicine
Board Certified Anesthesiology |
| <input type="checkbox"/> Nicolaus Winters, M.D.
Board Certified Pain Medicine
Board Certified Anesthesiology | <input type="checkbox"/> Brandon Gish, M.D.
Board Certified Pain Medicine
Board Certified Anesthesiology | <input type="checkbox"/> Michael J. Walls, M.D.
Board Certified Pain Medicine
Board Certified Anesthesiology | <input type="checkbox"/> Mark Conliffe, D.O.
Regenerative Medicine
Neuromusculoskeletal Medicine | <input type="checkbox"/> Katherine Williams, D.O. |
| <input type="checkbox"/> Joseph Folz, D.O. | <input type="checkbox"/> Tessa Hines, P.T., D.P.T. | <input type="checkbox"/> Shawn Milburn, M.D. | <input type="checkbox"/> Christopher Anderson, M.D. | <input type="checkbox"/> Rick Pellant, D.O. |

REFERRAL

Today's Date: _____	Patient Name: _____
Referring Provider: _____	Patient Cell #: _____
Referring Provider Phone: _____	Patient Home #: _____
Referring Provider Fax: _____	Patient DOB: _____

**WE ACCEPT ALL MAJOR MEDICAL INSURANCES;
INCLUDING MEDICARE, MEDICAID AND WORKER'S COMPENSATION**

AUTHORIZATION

- | | | |
|---|--|--|
| <input type="checkbox"/> Evaluate and Treat as Appropriate | <input type="checkbox"/> Medication Management | <input type="checkbox"/> Physical Medicine/Regenerative Medicine |
| <input type="checkbox"/> Special and/or Specific Procedure: _____ | | <input type="checkbox"/> Physical Therapy |

FOCUSED PAIN (CIRCLE ALL THAT APPLY)

HEADACHE	HEAD, NECK, THROAT	CERVICAL SPINE	THORACIC SPINE
LUMBAR-SACRAL	SHOULDER	HIP	KNEE
CANCER	POST-SURGICAL CHRONIC	PHANTOM	PELVIC PAIN
COMPRESSION FRACTURE	OTHER: _____		
PREVIOUS NEURO OR ORTHO CONSULT?	Y / N	PROVIDER:	_____
PREVIOUS PAIN MANAGEMENT?	Y / N	PROVIDER:	_____
PREVIOUS CONSERVATIVE THERAPY?	Y / N	PROVIDER:	_____

THE FOLLOWING DOCUMENTATION MUST BE ATTACHED

1. OFFICE NOTES, HISTORY & PHYSICAL
2. PATIENT DEMOGRAPHICS (MUST INCL. SSN, ADDRESS)
3. IMAGING
4. COPY OF INSURANCE CARD(S)

Our staff is unable to schedule without the above.

WORKER'S COMPENSATION CLAIMS

Date of Injury: _____ Claim #: _____

Adjustor Name & Number: _____

***Please attach approval for appointment.

***Dedicated
New Patient
Scheduling Staff***

Direct Phone:
(502) 890-5639

Direct Fax:
**(866) MYPAIN4
697-2464**

MyPainSolution.com



LOUISVILLE

120 Executive Park
Louisville, KY 40207
502-855-7200

LEXINGTON

101 Prosperous Place, Ste 300
Lexington, KY 40509
859-275-5229

ELIZABETHTOWN

1107 Crown Pointe Drive, Ste 107
Elizabethtown, KY 42701
270-506-3300

JASPER

1025 First Avenue
Jasper, IN 47546
812-476-7111

NEW ALBANY

3602 Northgate Court, Ste 39
New Albany, IN 47150
812-670-5684

EVANSVILLE EAST

7145 E. Virginia Street, Ste 5000
Evansville, IN 47715
812-476-7111

EVANSVILLE WEST

5435 Pearl Drive
Evansville, IN 47712
812-476-7111

CRESTVIEW HILLS

320 Thomas More Pkwy, Ste 202
Crestview, KY 41017
859-331-0432

OWENSBORO

2609 New Hartford Rd, Ste 3
Owensboro, KY 42303
812-476-7111

CARROLLTON

309 Eleventh Street
Carrollton, KY 41008
502-855-7200

LONDON

100 London Mountain View Dr
London, KY 40741
606-260-8613

MT. CARMEL

1418 College Drive
Mt. Carmel, IL 62863
618-240-2740 opt #2

PIKEVILLE

255 Church Street, Ste 101
Pikeville, KY 41501
606-727-2099

CAMPBELLVILLE

73 Kingswood Dr
Campbellsville, KY 42718
270-506-3300

BARDSTOWN

935 Chambers Boulevard
Bardstown, KY 40004
270-506-3300

VINCENNES

520 South 7th Street
Vincennes, IN 47591
812-316-0327