

ISPINE SPORTS MEDICINE/ PAIN MANAGEMENT
Twilight Anesthesia Pain Management Consortium

Dr. Reginald Newsome
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We are pleased that you have been referred to our website. The purpose of this form is to complete a comprehensive examination including a review of your medical history, recent imaging reports or films related to your pain concerns. As part of the initial evaluation, you will need to complete paperwork that pertains to your medical history, insurance coverage and contact information. We may also order additional tests to better ascertain your treatment options. Please note that it is not our protocol to order medication during the evaluation process.

Once the evaluation is complete, we will discuss your treatment options. If medication is part of your treatment plan, we will discuss the protocols for these medications and how they are managed through our office.

Please be assured that the evaluation is kept in the strictest of confidence. We hope this information is helpful and look forward to working with you.

Sincerely,
ISPINE SPORTS MEDICINE/ PAIN MANAGEMENT/ TAPMC

Patient Signature Of Acknowledgement

Date