Lawrence Miller, M.D.

FAX REFERRAL

LAWRENCE *Miller, MD*

Beverly Hills - 8641 Wilshire Blvd, Suite 200, Beverly Hills, CA 90211 - Phone (310) 657-7246, Fax (310) 360-6917
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Santa Ana - 1450 E 17th St, Suite 200, Santa Ana, CA 92705 - Phone (714) 953-6000, Fax (714) 953-6025

Name: _____ Date: _____

DOB: _____ Home Phone #: _____ Work Phone #: _____

Chief Complaint/Diagnosis: _____

_____

*** 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. ***

❏ Pain Evaluation & Consultation

❏ Diagnostic Nerve Block

❏ Epidural Steroid Injection
___cervical ___thoracic ___lumbar

❏ Facet Joint Injection
___cervical___thoracic___lumbar

❏ Selective Nerve Root Block
___cervical___thoracic___lumbar

❏ Botox Treatment for Maxillofacial Pain, Migraines and TMJ

❏ Specific Level Desired (If applicable): _____

❏ Lumbar Sympathetic Block

❏ Occipital Nerve Block

❏ Stellate Ganglion Block

❏ Trial Spinal Cord Stimulator

❏ Facet Rhizotomy

❏ Discography
___thoracic___lumbar

❏ Intrathecal Pump/Trial/Refill
___Morphine ___Baclofen ___other

OTHER: _____

Referring Physician: _____ Contact Telephone: _____