



# NEBRASKA PAIN INSTITUTE

*Getting you back to the good life*

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NebraskaPainInstitute.com

**C. Weston Whitten, MD**

**Douglas Spurgeon, MD**

**Brandon Staub, MD**

**Pain Medicine Specialists**

## **NEW PATIENT REFERRAL FORM**

Referring Provider: \_\_\_\_\_

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Best Contact Phone #: \_\_\_\_\_ Primary Insurance: \_\_\_\_\_

Pain-related diagnosis: \_\_\_\_\_

Specific Instructions: \_\_\_\_\_

### **Preferred Provider**

- ☐ Dr. Whitten
- ☐ Dr. Spurgeon
- ☐ Dr. Staub

### **Follow up with**

- ☐ Nebraska Institute
- ☐ Referring Physician

### **Requested Procedures and/or Treatment**

- |   |   |
|---|---|
| <input type="checkbox"/> Pain Management Evaluation and Treatment | <input type="checkbox"/> Kyphoplasty                |
| <input type="checkbox"/> Selective Nerve Root Block               | <input type="checkbox"/> Vertiflex                  |
| _____ Lumbar _____ Cervical                                       | <input type="checkbox"/> Sacroiliac Joint Injection |
| <input type="checkbox"/> Epidural Steroid Injections              | <input type="checkbox"/> Celiac Plexus Block        |
| _____ Lumbar _____ Cervical                                       | <input type="checkbox"/> Peripheral Nerve Block     |
| <input type="checkbox"/> Facet Injections/Medical Branch Block    | <input type="checkbox"/> Radiofrequency Ablation    |
| <input type="checkbox"/> Evaluation for Spinal Cord Stimulator    | <input type="checkbox"/> Other _____                |

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To facilitate the referral process, please fax (or email: [info@nebraskapaininstitute.com](mailto:info@nebraskapaininstitute.com)) this completed form, along with:

- ☐ **Copy of front and back of patient's insurance card(s)**
- ☐ Copies of 2-3 most recent office notes
- ☐ Copies of any XRay/MRI/CT reports that are related to the patient's pain symptoms (outside of AMI, Bryan, or St. Elizabeth)

We will make initial contact with the patient within 24 hours after receiving the information.

**Thank you for the referral! We appreciate the opportunity to share in your patient's care.**