



*Please Fax Form To:  
502.919.9751*

Thank you in advance for giving us the opportunity to care for your patient. Please complete the following info and fax to our attention Please fax all notes related to this injury including MRI and X-Ray reports, if CD's are available, please have patient bring to appointment. **OFFICES CONVENIENTLY LOCATED THROUGHOUT KENTUCKY AND INDIANA.**

Submitted by: \_\_\_\_\_

### REFERRAL

Today's Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_  
Patient Address: \_\_\_\_\_ Patient Phone #: \_\_\_\_\_  
Patient Email: \_\_\_\_\_ Patient SSN: \_\_\_\_\_  
Patient DOB: \_\_\_\_\_ Diagnosis covered by insurance: \_\_\_\_\_  
Date of injury: \_\_\_\_\_ Referring Doctor/Coordinator: \_\_\_\_\_  
Fax: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

### PHYSICIAN NOTES / SPECIAL INSTRUCTIONS

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### WORKERS' COMPENSATION: CARRIER INFORMATION

Claim No: \_\_\_\_\_ Carrier: \_\_\_\_\_  
Adjuster: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Employer: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### CONTACT INFORMATION

Nurse Case Manager: \_\_\_\_\_  
Company: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Brittney Thurston**  
Occupational Medicine Specialist  
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**LOUISVILLE**

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Louisville, KY 40207

**LEXINGTON**

101 Prosperous Place, Suite 300  
Lexington, KY 40509

**ELIZABETHTOWN**

1107 Crowne Pointe Drive, Suite 107  
Elizabethtown, KY 42701

**NEW ALBANY**

3602 Northgate Court, Suite 39  
New Albany, IN 47150

**EVANSVILLE**

7145 E. Virginia Street, Suite 5000  
Evansville, IN 47715

**VINCENNES**

520 South 7th Street  
Vincennes, IN 47591

**OWENSBORO**

2200 East Parrish Avenue, Building A  
Owensboro, KY 42303