

Insight Pain Management Center

Pain Management Referral Form

4800 S. Saginaw St. Suite 1815

Flint, MI 48507

Phone: (810) 275-9152 Fax: (810) 213-0228

www.iinn.com

Date: _____

Patient Name: _____

D.O.B: _____ Social Security #: _____ - _____ - _____

Home Phone: (_____) _____ Alternate Phone: (_____) _____

Address: _____ City: _____ State: _____

Referring Physician: _____ PCP: _____

Dx: _____ Signs/Symptoms: _____

Insurance: _____ Contract # _____ Group# _____

Reason for referral: _____

Evaluate Only

Evaluate and Treat

Discography

Medication Treatment Plan

Facet Block

Spinal Injection

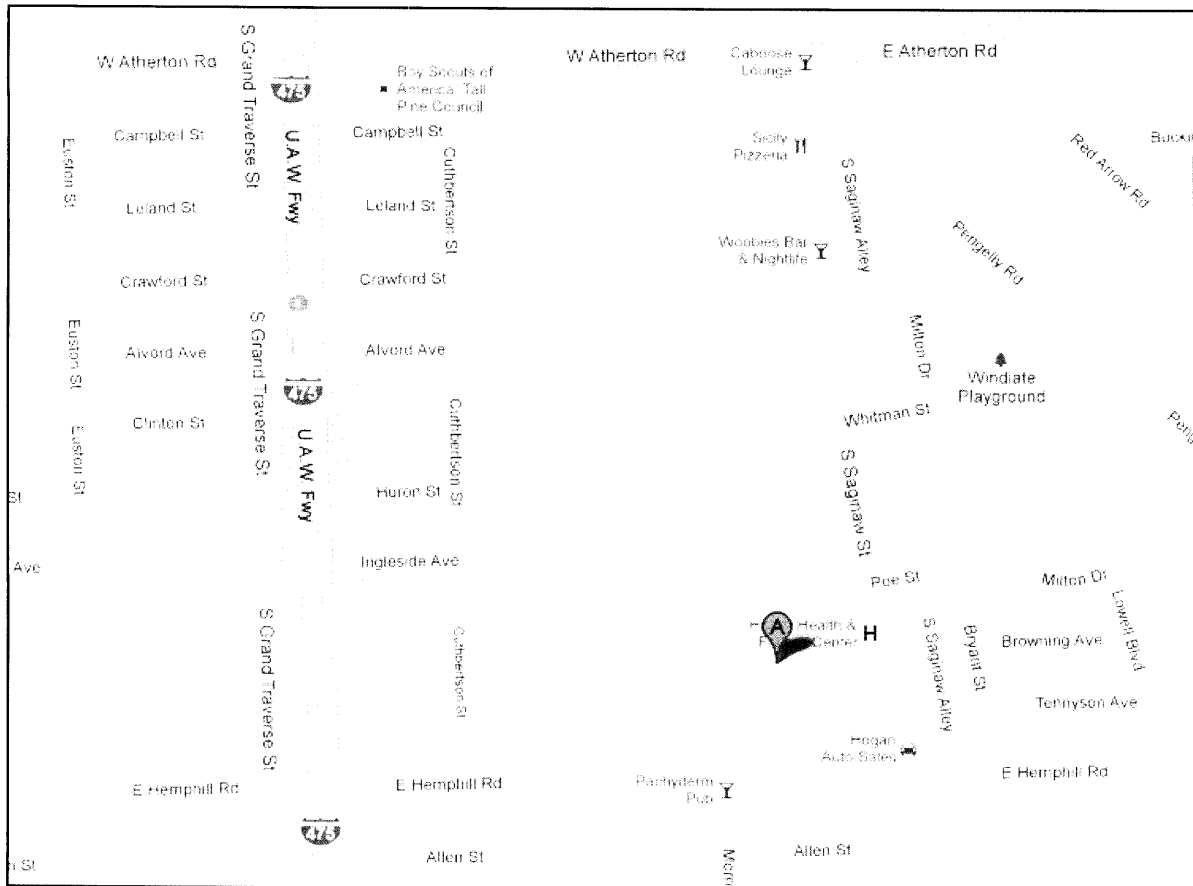
Other: _____

Previous Studies/Treatments and Location where Performed:

X-Ray When: _____ Where: _____

CT Scan When: _____ Where: _____

MRI When: _____ Where: _____



Directions:

From I-475 Southbound

- Follow I-475 S to Exit 4
- Stay in left lane and follow turn around to Northbound S. Grand Traverse St.
- Turn right on W. Hemphill Rd.
- IINN will be on your left
- Check-In is on the 3rd Floor through the double doors on your left

From I-475 Northbound

- Follow I-475 N to Exit 4
- Follow Northbound S. Grand Traverse St (Get in the Right Lane).
- Turn Right on W. Hemphill Rd.
- IINN will be on your left
- Check-In is on the 3rd floor through the double doors on your left