



Pain Specialists of Columbia

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Type of Referral:

☐ Evaluate and Treat

☐ Procedure (*check list below*)

☐ Medication Management

☐ Massage Therapy

Date: _____ Referring Physician: _____

Return Fax #: _____ Return Phone #: _____

Patient Name: _____ Date of Birth: _____

Address: _____

Phone Number(s): _____ Social Security #: _____

Insurance(s): _____

Help us offer our shared patients the best and timeliest care possible. Please include the following documents in your referral:

- Relevant Medical Records
- MRI/X-Ray Reports (if not available, please refer patient for MRI/X-Ray)
- If Worker's Comp, please include adjuster information
- Copy of Insurance Cards (front & back)
- Patient Demographics

Clinical Information

Patient's Area of Pain: _____

Diagnosis: _____

Diagnosis Code: _____

Patient on Blood Thinner: ☐ Y ☐ N

Prescribed Blood Thinner: _____

Prescribing Physician: _____

Comments: _____

Procedure

Spinal Cord Stimulator Trial

Peripheral Stimulator Trial

Interlaminar Epidural Steroid Injection (**CERVICAL**)

Interlaminar Epidural Steroid Injection (**LUMBAR**)

Caudal Epidural Steroid Injection

Transforaminal Epidural Steroid Injection

Additional Nerve(s)

Selective Spinal Nerve Blocks

Additional Nerve(s)

Facet Joint Injection (Medial Branch Block)

Additional Nerve(s)

Sacroiliac Joint Injection

Provocation Discography

Radiofrequency Neurotomy (Facet Denervation)

Additional Joint(s)

Sympathetic Block

Costovertebral Joint Injection

Additional Joint(s)

Hip Joint Injection

Shoulder Joint Injection(s)

Knee Joint Injection(s)

Ilioinguinal Nerve Block

Special Request:

Level/Joint/Nerve and Side(s)

Pain Specialists of Columbia, P.A. wants to ensure all referring physicians are included in the status of our shared patients' treatment plans. Please let us know how you would like to be notified of this patient's appointment date and time.