



Fax: (480) 525-9637

Email: Referrals@ArizonaPainRelief.com

Please select one:  Chiropractic & Rehabilitation  Interventional Pain.

Patient Information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Patient Phone: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Member ID #: \_\_\_\_\_

Attorney / Paralegal Name: \_\_\_\_\_ Attorney Phone #: \_\_\_\_\_

Please attach the following with this patient referral form:

- 1. Patient Demographics 2. Insurance Information 3. Medical records including last three visits, Imaging, and medication list

Reason for Referral:

- Cervical Pain / Headaches Lumbar Pain / Sciatica
Thoracic Pain Joint Pain (Hip, Knee, Shoulder, Etc.)
Other: \_\_\_\_\_

Locations:

(Please mark one of the following locations for the referral)

- APR Anthem: Scheduling: (623) 551-9950
APR Phoenix: Scheduling: (602) 234-2611
APR Scottsdale: Scheduling: (480) 443-2584
APR Lake Pleasant: Scheduling: (623) 376-8225
APR Arrowhead: Scheduling: (623) 412-2241
APR Chandler: Scheduling: (480) 814-7115
APR Mesa-Gateway: Scheduling: (480) 912-1434
APR Gilbert: Scheduling: (480) 838-6696

Additional Notes:

Three horizontal lines for additional notes.