

St. Mary's Medical Center  
Center for Pain Relief  
2900 First Avenue  
Huntington, WV 25702  
Main Number(304) 525-7246 or Scheduling (304) 526-6660  
FAX (304) 526-1951

**Referral Form**

**Preferred Pain Specialist:  Dr. Tammy Dann or  Dr. Rudy Malayil**

**Urgent appointments available for the following: Cancer Pain, Zoster (shingles), RSD, post-herpetic neuralgia, trigeminal neuralgia**

Has the patient received treatment at this or another pain management facility?	<input type="checkbox"/> No <input type="checkbox"/> Yes <b>Records required before patient will be scheduled</b>
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Name of the pain management facility:	
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<b><u>Information Requested</u></b>	<b><u>Completed by referring MD</u></b>
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<b>Reason for Consult:</b>	
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Date:	
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**Referring Physician Information**

Referring Physician:	
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NPI#:	
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Office Phone Number:	
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Office Fax Number:	
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Address:	
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Office Contact Person:	
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**Patient Information**

Is the reason for treatment related to a personal injury claim?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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Patient Name (last, First, MI):	
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Date of Birth:	
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Social Security Number:	
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Home Address:	
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Home Phone Number:	
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Work/Alternate Phone Number:	
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**Insurance Information**

Insurance Type:	
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ID/Group #	
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If Medicaid, please provide the referring physician's Medicaid provider #:	
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**Workers Compensation Information**

Is this a Work Related Injury:	
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If applicable workers Compensation D.O.I:	
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Workers Compensation Claim #	
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Allowed Diagnosis Codes:	
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Case Manager (Name & Phone #)	
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Authorization # and Valid Dates:	
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Copy of Insurance card attached:	<input type="checkbox"/> Yes
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Diagnostic reports pertaining to referral consult attached :(x-rays, MRI's EMG's):	<input type="checkbox"/> Yes
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Recent Labs: BMP, CBC, Kidney Function Test, LFT's, and UDS:	<input type="checkbox"/> Yes
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Office Notes pertaining to Pain attached:	<input type="checkbox"/> Yes
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