



Integrity

Regional Pain Center

“Get More Out of Life with Integrity”

RAPID REFERRAL FORM

Name: _____ Date of Birth: _____

SS#: _____ Phone #: _____ Alternate: _____

Address: _____ City: _____ State: _____ Zip: _____

Insurance Information: Please send a copy of the front & back of card

Company Name: _____

ID #: _____ Group #: _____ Phone: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Pharmacy: _____ Pharmacy Address: _____

Pharmacy Phone # _____

Referring Physician: _____

Phone #: _____ Fax #: _____ Contact Name: _____

Thank you for allowing us to participate in your patient's care. Please complete and return this information by fax either at 573-776-1107 (Poplar Bluff clinic) or 573-335-4454 (Cape Girardeau clinic). Also please include the latest office note as well as any relevant lab work and imaging. We will contact your office when an appointment is confirmed with the patient as well as when the patient is seen for initial consultation.