



Pain Management Associates

A Division of Anesthesia Associates of Kansas City

Patient Referral Instructions

Complete and Fax to (816)965-8404 or to selected KC Pain Center
Please attach the patient's referral and/or provide the Pre-Cert number if an HMO

Urgent **Routine** **Date** _____

Referring physician _____ **Phone** _____

Referring to:

First Available Physician

or

Howard Aks, MD
Rebecca Burfeind, MD
Mark Chaplick, DO
Steven Charapata, MD
George Edwards, MD
Atef Israel, MD
Curtis Johnson, MD
Thomas Laughlin, MD
James Scowcroft, MD

Location:

First Available Appointment

or

KC Pain Centers-East: 4911 S. Arrowhead Drive, Suite 300,
Independence, MO (816)795-6880, fax (816) 795-6847

KC Pain Centers-South: 1300 E. 104th Street, Suite 100
Kansas City, MO (816)941-6700, fax (816) 941-7909

North Kansas City Hospital
Heartland Spine & Specialty Hospital
Menorah Medical Center
Overland Park Surgery Center
Saint Luke's East—Lee's Summit
Saint Luke's South—Overland Park

Patient's full name _____ **Birth date** _____

Address _____ **City/Zip** _____

Phone number **Home** _____ **Work** _____

Social Security # _____

Insurance Carrier _____

Policy Holder's name _____ **Birth date** _____

Group/ID Numbers _____

Patient's diagnosis or primary complaint _____

INSTRUCTIONS:

- Consult Only (no treatment prior to report) Consultation/Evaluate and Treat _____ (x visits)
- Instruct patient to Return for Follow-Up (post-treatment)
- Other instructions _____

**** Patients must bring films/x-rays and MRI reports at time of service; and a driver to assist with transportation. ****