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 o ***Routine*** o ***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:

o Consult Only (no treatment prior to report)

o Consultation/Evaluate and Treat _____ (x visits)

o Instruct patient to Return for Follow-Up (post-treatment)

o Other instructions _____

_____

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

3-06