



New Patient Referral Form

Flagstaff Tel/Fax: 520.244.0089
Show Low Tel/Fax: 928.537.7111
Chandler Tel: 480.659.2571 Fax: 480.207.2713
Mesa Tel/Fax: 480.576.8177

Please complete form and fax to the preferred office listed above

FOR ANY URGENT REFERRALS OR QUESTIONS, PLEASE CALL OUR CORPORATE OFFICE AT (602) 753.4133.

We look forward to working with you in order to best take care of your patient!

A. REFERRAL INFORMATION

Referring Physician: _____ NPI: _____

Contact Person: _____ Phone: _____ Email: _____

Physician Signature (if using form as order): _____ Office Fax: _____

B. REFERRAL INFORMATION FOR INTEGRATED PAIN CONSULTANTS

Appointment Type:

STAT New Consult Established Patient Injection Only Workman's Comp

Reason for Visit/Diagnosis: _____

C. PATIENT INFORMATION

Patient Name: _____ DOB: _____

Phone: (H) _____ (C) _____ (W) _____

Address: _____

City: _____ State: _____ ZIP Code: _____

D. INSURANCE INFORMATION

Primary Insurance: _____ ID #: _____

Secondary Insurance: _____ ID #: _____

Cardholder's Name: _____ DOB: _____

If a patient's insurance requires a referral, please note that we will need to have the referral from your office prior to seeing the patient. Please include any applicable clinical notes, imaging, labs, and reports as well. Thank you.

823 N San Francisco St Ste A
Flagstaff, AZ 86001
3401 S White Mountain Rd Ste A
Show Low, AZ 85901
5505 W Chandler Blvd #11
Chandler, AZ 85226