



THE INTERVENTIONAL  
**PAIN**  
SPECIALISTS

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## Interventional Pain Management Consultation Referral Form

Please complete this form and fax/email it. We will contact the patient directly.

### Physician Info

CPSO# \_\_\_\_\_ Billing# \_\_\_\_\_

Name:[Last,First] \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ PC: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_ Website: \_\_\_\_\_ Specialty: \_\_\_\_\_

Are you the patient's Fam. Physician? Yes / No.

**Note: The referral must be supported by Physician's CPSO License and Billing Number**

### Providers:

Check here if you want **INFO** about our facility and treatment options for your patients.  
[ please write your email ]

### Patient Info

Name:[Last, First] \_\_\_\_\_

DOB: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ PC: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Bring a valid OHIP card and picture ID for consultation. • Visit [tipsmed.com](http://tipsmed.com) for more info.

### Patients:

• Include a valid Cell phone as primary contact.

### CHIEF PAIN COMPLAINT

AGE, LOCATION, CHRONICITY, QUERY:

Expedite service for:  
Back Pain  
Neck Pain  
Large Joint

### Direct Referral to:

Dr. J.C. Brown  
Dr. F. Gonzalez M.  
No preference, expedite referral

### DON'T FORGET:

- INCLUDE IMAGING OR STUDY OF AFFECTED ANATOMY (X-RAY, MRI, ULTRASOUND, EMG, ETC.)
- PERTINENT SUMMARY OR SPECIALIST REPORTS

OUR CENTER SPECIALIZES IN  
ADVANCED INTERVENTIONAL  
PROCEDURES FOR PAIN.  
TREATMENT IS FOR ADULTS 20+.  
SEE OUR WEBSITE FOR DETAILS

[www.tipsmed.com](http://www.tipsmed.com)



Signature: \_\_\_\_\_