



# ARKANSAS PAIN SPECIALISTS

2707 MARKET TRACE, FORT SMITH, AR 72908 - PH 479-434-3600 - FAX 833-992-0797  
BEN DE MIRANDA, MD - KRISTINA DEAN, APRN

## INTERVENTIONAL AND CHRONIC PAIN MANAGEMENT SERVICES - REFERRAL FORM

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

- Consult and manage chronic pain medications
- Consult and proceed with appropriate procedure
- Complete requested procedure only
- Other: \_\_\_\_\_

### SPECIFIC SERVICES / PROCEDURES

- Epidural Steroid Injection-Interlaminar or Transforaminal
  - Cervical                       Thoracic                       Lumbar                       Caudal
- Facet Joint Injections
  - Cervical                       Thoracic                       Lumbar
- Facet Joint Radiofrequency Nerve Ablation
  - Cervical                       Lumbar                       Thoracic
- Sacroiliac Joint Injection
  - Left    Right    Bilateral
- Sacroiliac Joint Nerve Ablation
  - Left    Right    Bilateral
- Suprascapular Nerve Ablation
- Genicular Nerve Ablation
- Kyphoplasty/Vertebroplasty
- Spinal Cord Stimulator
  - Cervical                       Thoracic                       Lumbar
- Intrathecal Pain Pump
- Pain Pump - Chronic Management/Refills (we manage refills from all brands of pumps)
- Joint Injections (under fluoroscopy)
 

Joint(s) \_\_\_\_\_
- Occipital Nerve Block
- Intercostal Nerve Block
- Stellate Ganglion Block
- Ketamine Infusion (Treatment Resistant Depression)

REFERRING PROVIDER NAME (PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please attach last visit note, pertinent imaging and patient demographics/insurance information to the fax number above. All patients will be contacted within 2 weeks to set up an appointment. If there is a scheduling issue, contact our referral coordinator at 479-434-3600. If you have other questions, contact our administrator at 479-431-6990. Self pay pricing available upon request.