



ARKANSAS PAIN SPECIALISTS

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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 (If you are ordering a procedure only, we can speed up the process if you specify the procedure type, level, and appropriate diagnosis code in your most recent clinic note)
- Other: _____

SPECIFIC SERVICES / PROCEDURES

- Epidural Steroid Injection-Interlaminar or Transforaminal (herniated disc, sciatica/radiculopathy, degenerative disc disease, spinal stenosis, spondylosis)
 - Cervical Thoracic Lumbar Caudal
- Facet Joint Injections (facet arthropathy - can be repeated quarterly)
 - Cervical Thoracic Lumbar
- Radiofrequency Nerve Ablation (pain relief up to 1 year)
 - Cervical Sacroiliac joint
 - Lumbar Suprascapular Nerve (chronic shoulder pain)
 - Thoracic Genicular Nerves (chronic knee pain)
- Kyphoplasty/Vertebroplasty
- Spinal Cord Stimulator (implanted neuromodulation - post-laminectomy pain, neuropathy, CRPS)
 - Cervical Thoracic Lumbar
- Intrathecal Pain Pump (when other treatments have failed or oral opioid is undesirable. Can be placed at cervical, thoracic, or lumbar levels to treat a wide variety of chronic pain)
- Pain Pump - Chronic Management/Refills (we manage refills from all brands of pumps)
- Joint Injections (under fluoroscopy)
 - Knee (R/L/Bilateral) Shoulder (R/L/Bilateral) Hip (R/L/Bilateral)
 - Elbow (R/L/Bilateral) Ankle (R/L/Bilateral)
 - Other joint (please specify) _____
- Occipital Nerve Block
- Intercostal Nerve Block
- Stellate Ganglion Block
- Ketamine Infusion - Treatment Resistant Depression (not a covered service by insurance, self pay only - \$350/infusion)

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 479-974-2298. If you have other questions, contact our administrator at 479-431-6990. Self pay pricing available upon request.

