

We would like to introduce Intervention Pain Clinics which are Level-2 OHP Facilities approved by CPSO (*The College of Physicians & Surgeons of Ontario*) under OHPIP (*Out of Hospital Premises Inspection Program*). IPC's offers comprehensive consultation for the management of chronic pain conditions including but not limited to chronic non-cancer pain (Back pain, Sciatica, Neck pain etc.), fibromyalgia, osteoarthritis, sports related injuries, post Motor Vehicle accidents chronic pain, and chronic migraine.



The team at IPC's includes Interventional Pain Physicians, Nurses, Physiotherapist, and Massage therapist. IPC's offers a wide variety of Interventional Pain Procedures, Rehabilitation, and Regenerative therapies. The Interventional Pain procedures include Neuraxial blocks, Neuraxial joint injections, Nerve blocks, Neurolysis, Joint, bursae or paratenon injections. The interventional Procedures are performed with Landmark, Ultrasound, or fluoroscopic guidance by the qualified and experienced Interventional pain Physicians.

IPC's offers joint injections of Platelet Rich plasma Therapy (PRP) for osteoarthritis and tendinopathies. Stem cell therapy derived from Bone Marrow or Adipose tissue for musculoskeletal applications (Subject to Health Canada Approval) is also available for suitable clients. Please visit our website for further details: www.interventionpainclinic.com

We are **ACCEPTING** Referrals

IPC-Chatham

547-Queen Street, Chatham, Ontario,
N7M 2J4
Ph: 519-360-9000 Fax: 519-360-9006

IPC -Cambridge

Unit 102-Franklin Blvd, Cambridge, Ontario,
N1R 7J2
Phone:519-620-0606 Fax: 519-620-9339

Please send a referral to the appropriate fax number to the intended location of the service.

For general inquiries please send e-mail to:
interventionpainclinic@gmail.com

www.interventionpainclinic.com

Family Physicians or any specialist with Ministry of Health Ontario Billing Number which may or may not be part of any patient enrolment models for example FHO, FHG, FHT or FFS and Nurse Practitioners, may refer patients for evaluation and management. Most of the services offered at IPC's are covered by OHIP or 3rd party Insurance. Some of the Services are not covered by OHIP or 3rd Party Insurance and require private pay. Any OHIP billing at IPCC will **NOT** cause **"Outside Use"** to any of the referring physician.



REFERRAL FORM

Patient Profile

First Name
Date of Birth
Contact Number :

Last Name
Health Card Number

Address :



Referring Physician Profile

Name
Location :
Phone :

CPSO Number :
MoH Billing Number :

Fax :

Please indicate as applicable	FHO	FHG	FHT	FFS	Specialist	Hospital / ER

Reason for Referral (*Please provide detail as much as possible*)

Please indicate as applicable

Headache Neck Pain Back pain Hip pain Knee pain Shoulder Pain

Others:

Please send following documents relevant to the referral if you have any:

1. Relevant Diagnostic imaging (X-Rays, USS, MRI, CT scan)
2. Previous consults with any other relevant specialist
3. List of active medications

Please send your referral with the applicable documents via fax for your intended location of service as below:

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