



Fred DeFrancesch, M.D.

Fax Referrals to:
 LaPlace (985) 479-8002
 Hammond (985) 340-7078
 Metairie (504) 469-9642

FAX REFERRAL

Name: _____ Date: _____

DOB: _____ HomePhone: _____ Work/CellPhone: _____

Chief Complaint/Diagnosis: _____

Address: _____ Contact Telephone: _____

Referring Physician: _____ Practice Name: _____

Practice Phone: _____ Practice Address: _____

If a PCP referral is required for the above patient, please attach/include it with this form.

PLEASE FAX COPIES OF ANY DIAGNOSTIC REPORTS (MRI, CT, X-RAY, ETC.), AS WELL AS THE MOST RECENT PHYSICIAN'S NOTES, PATIENT DEMOGRAPHICS AND INSURANCE INFORMATION RELATED TO THE PATIENT ALONG WITH THIS REQUEST FORM.

- | | |
|---|--|
| <input type="checkbox"/> Pain Evaluation, Consultation & Treatment | <input type="checkbox"/> Botox Treatment |
| <input type="checkbox"/> Diagnostic Nerve Block | <input type="checkbox"/> Lumbar Sympathetic Block |
| <input type="checkbox"/> Epidural Steroid Injection
___cervical___thoracic___lumbar | <input type="checkbox"/> Occipital Nerve Block |
| <input type="checkbox"/> Facet Joint Injection / Block
___cervical___thoracic___lumbar | <input type="checkbox"/> Stellate Ganglion Block |
| <input type="checkbox"/> Transforaminal Epidural
___cervical___thoracic___lumbar | <input type="checkbox"/> Spinal Cord Stimulator |
| <input type="checkbox"/> Discography - Diagnostic
___cervical___thoracic___lumbar | <input type="checkbox"/> Facet Rhizotomy |
| | <input type="checkbox"/> Spasms |
| | <input type="checkbox"/> Headache |
| | <input type="checkbox"/> Intradiscal Treatment |
| | <input type="checkbox"/> Specific Level Desired
(If applicable) _____ |

Other: _____

2840 West Airline Highway, Suite A
 LaPlace, Louisiana 70068
 o: 985-479-8000
 f: 985-479-8002

42078 Veterans Avenue, Suite G
 Hammond, Louisiana 70403
 o: 985-542-7177
 f: 985-340-7078

3001 19th Street
 Metairie, Louisiana 70002
 o: 504-469-9641
 f: 504-469-9642