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REFERRAL FORM

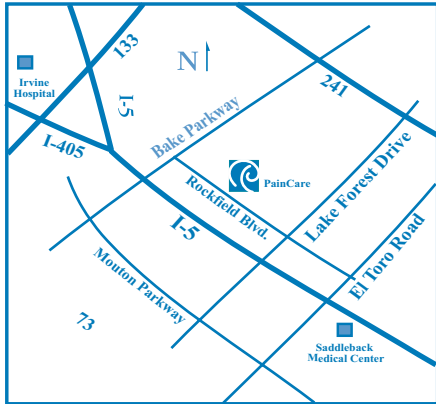
Send with patient or Fax to (949) 457-9922

additional form available at www.paincaremd.com
 15701 Rockfield Blvd, Irvine, CA 92618 (949) 457-9900

Patient Name

Date

Physician Signature



Clinical Information

Referral Type

- Consult and Treat
- Consult and Return
- Procedure
- Physical Therapy
- IDD Spine Decompression
- EMG/NCV
- Chiropractic
- Medications
- Other

Procedures

- Epidural Steroid Injection
- Nerve Root Block
- Facet Block
- Discogram
- Radiofrequency Lesion
- Spinal Cord Stimulator
- Stellate Ganglion Block
- Lumbar Sympathetic Block
- Other