



97 N 36th Street
Camp Hill, PA 17011
Office: 717-791-2860
Fax: 717-869-0043
www.advancedpaincare.org

CONSULTATION REQUEST

Referring Physician _____ NPI _____
Referring Physician Phone Number (_____) _____ - _____
Referring Physician Fax Number (_____) _____ - _____
Patient Name _____ Male _____ Female _____
Date Of Birth ____/____/____ Patient's Phone Number _____
Social Security Number ____/____/____ Email: _____@_____.____
Insurance Plan: _____
Member ID Number _____ Group Number _____
Chief Complaint _____

Diagnosis _____

Specific Requests

_____ Interventional Procedure _____
_____ Consult / Treat _____
_____ Medication Recommendation _____
_____ Other _____

Please fax this request to **717-869-0043**.

We request that you fax along any patient information that you have. At the minimum we need:

- A copy of insurance card
- Recent office note
- MRI/CT/XRAY reports, patient to bring films to appointment
- EMG
- Operative Notes from related surgeries

ADVANCED RELIEF

- Back & neck pain • Spinal problems
- Sacroiliitis • Cervicogenic headaches
- Joint pain • Abdominal pain
- Post-laminectomy syndrome • Shingles pain
- Leg pain • Neuropathies

ADVANCED SOLUTIONS

- Advanced diagnostic testing & treatment
- X-ray-guided injection therapy
- Neurostimulators • BOTOX® therapy • Nerve blocks
- Radiofrequency ablation • Acute & chronic pain treatment
- Discography • Medication management

PATIENT CONVENIENCE

- Most insurance accepted & filed
- Flexible appointments
- MasterCard & Visa welcome
- Caring, professional staff
- Free parking