



# Coastal Pain and Spinal Diagnostics

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- First Available

## REFERRAL FORM

### PATIENT INFORMATION

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Please attach the following;**     INSURANCE CARD     DEMOGRAPHIC PAGE

DIAGNOSIS: \_\_\_\_\_

### PHYSICIAN INFORMATION

REFERRING PHYSICIAN: \_\_\_\_\_ REFERRAL COORDINATOR: \_\_\_\_\_

OFFICE NUMBER: \_\_\_\_\_ OFFICE FAX: \_\_\_\_\_

REASON FOR REFERRAL: \_\_\_\_\_

### SERVICE REQUESTED

URGENT                       ROUTINE                       CALL BACK FROM PAIN SPECIALIST

EVALUATION & TREATMENT     CONSULTATION ONLY     SPINAL CORD STIMULATOR

INTRATHECAL DRUG THERAPY     DIAG. ULTRASOUND     EMG/NC STUDY

SPORTS MEDICINE                       CANCER PAIN                       KYPHOPLASTY

RESEARCH STUDY EVALUATION     OTHER: \_\_\_\_\_

**PLEASE FAX THIS REFERRAL TO 760-334-0399 WITH PATIENT'S RECORDS IF POSSIBLE  
6221 Metropolitan Street Suite 201, Carlsbad CA 92009**

[WWW.COASTALPAINGROUP.COM](http://WWW.COASTALPAINGROUP.COM)