



PHONE: 760-753-7127

PATEL FAX: 760-683-5922

MILLER/BANSAL FAX: 866-317-9306

Please select provider:

- Nathan Miller, M.D.
- Ankush Bansal, M.D.
- Yogesh Patel, M.D.
- First Available

NEW LIEN PATIENT REFERRAL FORM

PATIENT INFORMATION

NAME: _____ DOB: _____ TODAY'S DATE _____

PHONE: _____ ADDRESS: _____

EMAIL: _____ DOI: _____

LAW FIRM & ATTORNEY: _____

ATTORNEY PHONE & FAX#/EMAIL: _____

DIAGNOSIS: _____

PHYSICIAN INFORMATION

REFERRING PHYSICIAN: _____ REFERRAL COORDINATOR: _____

OFFICE NUMBER: _____ OFFICE FAX: _____

REASON FOR REFERRAL: _____

SERVICE REQUESTED

- | | | |
|---|--|---|
| <input type="checkbox"/> URGENT | <input type="checkbox"/> ROUTINE | <input type="checkbox"/> CALL BACK FROM PAIN SPECIALIST |
| <input type="checkbox"/> EVALUATION & TREATMENT | <input type="checkbox"/> CONSULTATION ONLY | <input type="checkbox"/> SPINAL CORD STIMULATOR |
| <input type="checkbox"/> INTRATHECAL DRUG THERAPY | <input type="checkbox"/> DIAG. ULTRASOUND | <input type="checkbox"/> EMG/NC STUDY |
| <input type="checkbox"/> SPORTS MEDICINE | <input type="checkbox"/> CANCER PAIN | <input type="checkbox"/> KYPHOPLASTY |
| <input type="checkbox"/> OTHER: _____ | | |

PLEASE FAX THIS REFERRAL TO CORRESPONDING PROVIDER'S FAX WITH PATIENT'S RELEVANT RECORDS IF POSSIBLE & PATIENT'S PREFERRED CLINIC LOCATION

- 6221 Metropolitan Street Suite 201, Carlsbad, CA 92009
- 2020 Camino Del Rio N., Ste. 805, San Diego, CA 92108