

Desert Pain and Rehab Specialists

11047 N. 19th Avenue
Phoenix, Arizona 85029
Phone: 602-944-2222
Fax: 602-331-2499

Date: _____

Attention: Referral Coordinator

Fax: _____

Re: _____ DOB: _____

We have received a referral from your practice for the above patient but we are still in need of more information:

- _____ Prior Authorization
- _____ Imaging (MRI, X-Rays, CT Scans, etc) related to pain condition
- _____ Insurance and Demographic Information
- _____ Notes and Discharge letter from former pain management doctor
- _____ Notes from any specialist patient has seen regarding pain condition (i.e. Orthopedic, Rheumatology, etc)
- _____ Other: **MUST HAVE 3 -6 months of records related to the pain condition in order to process this referral** _____

Without the above information we cannot process this referral. Please send us the information as soon as you can so that we can begin the process of helping your patient.

Thanks so much!

Referral Coordinator
Desert Pain and Rehab Specialists

Attempt #1: _____
Attempt #2: _____
Attempt #3: _____