



**THE PAIN
TREATMENT CENTER
of the Bluegrass**

Together With American Pain Consortium

PATIENT REFERRAL

LEXINGTON

2416 Regency Rd
Lexington, KY 40503

P: 859-278-1316

F: 859-276-3847

RICHMOND

2187 Lexington RD, Ste B1
Richmond, KY 40475

P: 859-353-5907

F: 859-276-3847

SOMERSET

110 Hardin Ln
Somerset, KY 42503

P: 859-278-1316 ext. 340

F: 859-276-3847

REQUIRED DOCUMENTATION

Date: _____

To ensure a smooth referral process, please include the following items when submitting this form (if applicable):

1. 3 Most Recent Office Visit Notes
2. Medication List
3. Diagnostic Reports Within The Last 24 Months
4. Front/Back Of Insurance Card
5. Insurance Referral (If Applicable)

Check if applicable: ☐ **Workers' Compensation** ☐ **Motor Vehicle Accident**

PATIENT INFORMATION

Name: _____ DOB: _____ Insurance Carrier: _____

Address: _____ City/State/Zip: _____

Home #: _____ Work #: _____ Mobile #: _____

Diagnosis: _____

REFERRING PHYSICIAN

Name: _____ Practice: _____ NPI #: _____

Address: _____ City/State/Zip: _____

Phone #: _____ Fax #: _____ Office Contact: _____

REQUEST: _____

☐ LEXINGTON

____ Rebecca Freeland, MD

____ Lauren Larson, MD

____ Christopher Lyon, MD

____ Peter Wright, MD

____ First Available

☐ RICHMOND

____ Rebecca Freeland, MD

____ First Available

☐ SOMERSET

____ Christopher Lyon, MD

____ Peter Wright, MD

____ First Available