



Together With American Pain Consortium



317-552-0746



317-552-0746



Indypain.com

PATIENT REFERRAL

Prefer to submit an online referral? Go to IndyPain.com and click "Referring Offices" at the top of the page.

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: _____

☐ BROWNSBURG

____ Andrew Cook, MD
____ Michael Dorwart, MD
____ First Available

☐ CARMEL

____ First Available

☐ DOWNTOWN INDY

____ Michael Dorwart, MD
____ First Available

☐ EVANSVILLE

____ Mansoor Khan, MD
____ First Available

☐ FISHERS

____ Joshua Wellington, MD
____ First Available

☐ GREENWOOD

____ Scott Kim, MD
____ Ashley Tolbert, MD
____ First Available

☐ INDIANAPOLIS

____ Jocelyn Bush, MD
____ David Gordon, MD
____ Forrest Oberhelman, MD
____ First Available

☐ JASPER

____ Mansoor Khan, MD
____ First Available

☐ KOKOMO

____ Brian Hom, MD
____ Joseph Rutledge, MD
____ First Available

☐ LAFAYETTE

____ Joseph Rutledge, MD
____ First Available

☐ MUNSTER

____ Jorge Ismael Romo, MD
____ First Available