CENTER FOR PAIN MANAGEMENT

Together With American Pain Consortium

812-437-7246 | 812-402-7246 | Evansvillepain.com

PATIENT REFERRAL

Prefer to submit an online referral? Go to EvansvillePain.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
____ First Available