



Together With American Pain Consortium



317-552-0746



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Indypain.com

## PATIENT REFERRAL

Please fax/mail this form along with recent office notes, medication list, all diagnostic reports, front and back of insurance card(s), and insurance referral.

☐ **Workers' Compensation** (check if applicable) ☐ **Motor Vehicle Accident**

**DATE:** \_\_\_\_\_

### 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: \_\_\_\_\_

☐ **CARMEL**

\_\_\_\_ Joshua Wellington, MD

\_\_\_\_ First Available

☐ **EVANSVILLE**

\_\_\_\_ Mansoor Khan, MD

\_\_\_\_ First Available

☐ **JASPER**

\_\_\_\_ Mansoor Khan, MD

\_\_\_\_ First Available

☐ **BROWNSBURG**

\_\_\_\_ Andrew Cook, MD

\_\_\_\_ First Available

☐ **GREENWOOD**

\_\_\_\_ Scott Kim, MD

\_\_\_\_ Ashley Tolbert, MD

\_\_\_\_ First Available

☐ **KOKOMO**

\_\_\_\_ Brian Hom, MD

\_\_\_\_ Joseph Rutledge, MD

\_\_\_\_ First Available

☐ **DOWNTOWN INDY**

\_\_\_\_ Michael Dorwart, MD

\_\_\_\_ First Available

☐ **INDIANAPOLIS**

\_\_\_\_ Jocelyn Bush, MD

\_\_\_\_ David Gordon, MD

\_\_\_\_ First Available

☐ **LAFAYETTE**

\_\_\_\_ Joseph Rutledge, MD

\_\_\_\_ First Available

**CARMEL**

11595 N Meridian St  
Carmel, IN 46032

**BROWNSBURG**

7950 Ortho Ln  
Brownsburg, IN 46112

**DOWNTOWN INDY**

202 N Illinois St  
Indianapolis, IN 46204

**EVANSVILLE**

4411 Washington Ave  
Evansville, IN 47714

**GREENWOOD**

533 E County Line Rd  
Greenwood, IN 46143

**INDIANAPOLIS**

8805 N Meridian St  
Indianapolis, IN 46260

**JASPER**

690 2nd St  
Jasper, IN 47546

**KOKOMO**

2302 S Dixon Rd  
Kokomo, IN 46902

**LAFAYETTE**

3750 Landmark Dr  
Lafayette, IN 47905