TONY OWENS JR, MD
Pain Management Specialist

CAROLINA PAIN PHYSICIANS

9565 Highway 78 Suite 400
Ladson, SC 29456
Phone: (843) 737-0437
Fax: (843) 789-3053

Patient Name: _____

Patient DOB: _____

Best Contact Phone #: _____

Referring Physician: _____

NPI #: _____

Phone Number: _____ Fax Number: _____

Diagnosis / Reason for Referral: _____

Special Instructions: _____

_____

Please fax:

- Any pertinent imaging studies and office notes
- Demographic information along with patients insurance card(s) front and back
- Any authorizations if necessary for this visit

PROCEDURES / SERVICES

- ☐ Pain Management Consultation and Treatment
- ☐ Medication Management
- ☐ Epidural Steroid Injection
- ☐ Facet Injection/Medial Branch Block
- ☐ Radiofrequency Ablation (Rhizotomy)
- ☐ Spinal Cord Stimulation
- ☐ Selective Nerve Root Block
- ☐ Sympathetic Block
- ☐ Peripheral Nerve Block
- ☐ Celiac Plexus Block
- ☐ Sacroiliac Joint Injection
- ☐ Other

Our office will contact the patient to schedule an appointment.
We will fax you back this form with the appointment date and time listed below.
Any urgent requests please also call our referrals coordinator.

Appointment Date: _____

Appointment Time: _____

Thank you for the referral! We appreciate the opportunity to share in your patient's care.