



Information Requested for Initial Evaluation

Because most individuals with pain conditions have already received some medical tests or treatments, it is requested that the following information be sent to our office via fax. Your patient will be scheduled as soon as we receive the items listed below and the insurance is verified. We contact each patient within 48 hours to let them know we received their information and are working on the referral. Our office will fax you a status sheet once appointment date and time is set or if any additional information is needed.

- ❖ Reason for Referral
- ❖ Demographic Information (including insurance)
- ❖ Copy of Insurance Card (front and back)
- ❖ List of Current Medications including dosage and length of time on each medication
- ❖ Last 3-5 Office Notes relating to referral, if available (please indicate if new patient to you)
- ❖ Current Imaging Reports of the affected area (X-Ray, CT, MRI, etc.), if available
- ❖ EMG/Nerve Conduction Reports, if available
- ❖ Previous Pain Management Physician Information, if known or applicable
- ❖ Medical Record Release Form signed by patient

Fax # 281-991-7700

Please contact Mary Jane Koch at 832-205-0250 or mjkoch@ipsot.com for more details.

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