



**East Coast Pain Specialists**  
Restoring Mobility, Function and Lifestyle

• Phone: (910) 216-0442 • Email: Contact@eastcoastpain.org

**Referral Order for Pain Management**

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

M  F

Patient Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Consultation Only**

**Evaluate and Treat with Interventional Procedures** (Check all diagnoses that apply)

| <u>BACK</u>  | <u>NECK</u>   | <u>HIP</u>   |
|--|---|--|
| <input type="checkbox"/> Failed back syndrome(M96.1)       | <input type="checkbox"/> Cervical DDD(M50.30)               | <input type="checkbox"/> GTB(M70.60)                   |
| <input type="checkbox"/> Lumbar DDD(M51.36)                | <input type="checkbox"/> Cervical facet arthropathy(M46.92) | <input type="checkbox"/> Sacroiliitis(M53.3)           |
| <input type="checkbox"/> Lumbar facet arthropathy(M46.96)  | <input type="checkbox"/> Cervical radiculopathy(M54.12)     | <input type="checkbox"/> Meralgia paresthetica(G57.10) |
| <input type="checkbox"/> Lumbar radiculopathy(M54.16)      | <input type="checkbox"/> Cervical spondylosis (M47.812)     | <u>HEADACHES</u>                                       |
| <input type="checkbox"/> Lumbar spondylosis(M43.06)        | <input type="checkbox"/> Cervical stenosis(M48.02)          | <input type="checkbox"/> Cervicogenic(R51)             |
| <input type="checkbox"/> Lumbar stenosis(M48.06)           | <u>OTHER</u>  | <input type="checkbox"/> Migraine(G43.909)             |
| <input type="checkbox"/> Post-laminectomy Syndrome(M96.1 ) | <input type="checkbox"/> Abdominal pain (R10.9)             | <input type="checkbox"/> Occipital neuralgia(M54.81)   |
| <u>JOINT DJD/OA</u>  | <input type="checkbox"/> Acute pain(G89.11)                 | <input type="checkbox"/> Tension(G44.209)              |
| <input type="checkbox"/> Ankle(M25.579)                    | <input type="checkbox"/> Carpal tunnel syndrome(G56.00)     |  |
| <input type="checkbox"/> Elbow(M25.529)                    | <input type="checkbox"/> Complex regional pain(G90.529/.19) | <input type="checkbox"/> Fibromyalgia(M79.7)           |
| <input type="checkbox"/> Hip(M16.9)                        | <input type="checkbox"/> Myofascial pain(M79.1)             | <input type="checkbox"/> Neuropathic pain(G62.9)       |
| <input type="checkbox"/> Knee(M17.9)                       | <input type="checkbox"/> Post herpetic neuralgia (B02.29)   | <input type="checkbox"/> Post-Surgical pain(G89.18)    |
| <input type="checkbox"/> Shoulder(M19.019)                 | <input type="checkbox"/> Trigeminal neuralgia(G50.0)        | <input type="checkbox"/> Rib fractures(S22.39XA)       |
| <input type="checkbox"/> Wrist(M25.53)                     | <input type="checkbox"/> Other _____                        |  |

**Review Medication Management**  
**Make Recommendations**

Referring Physician/NPI: \_\_\_\_\_

# of visits \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Office Fax: \_\_\_\_\_

Please fax last 3-5 office notes, imaging reports, and insurance information.  
Thank you for your referral!