

REGIONAL BRAIN & SPINE, LLC

Pain Management Center

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Phone: (573) 332-7746 Fax: (573) 339-9709

Appointment Request Form

To request an appointment for your patient, please complete this form and return via fax to (573) 339-9709 along with:

1. Office notes
2. Medication list
3. Copy of insurance card
4. Imaging reports
5. Previous pain clinic records, if applicable

Once this information is reviewed, we will contact your patient with an appointment and notify your office of the date.

Patient Information

Patient Name: _____

DOB: _____ SSN: _____ Sex: M F

Phone: _____
Home Cell

Address: _____

Insurance: _____ **Is Insurance purchased from Exchange Y / N
(Affordable Care Act)

Reason for Consult: _____

ICD-10 code to support medical necessity: _____

Has the patient been treated at a pain management clinic in the past? Yes No

If yes, which one?: _____

*****Please send records. They must be reviewed before an appointment will be scheduled.*****

Is this a work related injury? Yes No

Is this a mva related injury? Yes No

What previous studies/treatments has the patient undergone?

- Physical therapy Muscle relaxers NSAIDs Steroid injections
 Spinal surgery Myelogram Pain medications Medrol dose pack
 Other: _____

Requesting Provider Information

Name: _____ NPI: _____

Phone: _____ Fax: _____ Office contact: _____

For office use	Date Appt Request Rec'd: _____
Appt made by: _____	Appt date and time: _____
Patient notified: _____	Office notified: _____