2020 8th Ave., #200
West Linn, OR 97068
P: 503- 512-1212

10001 SE Sunnyside Rd, #100
Clackamas, OR 97015
P: 503-512-1212

willamette PAIN & SPINE

REFERRAL REQUEST FORM – FAX TO 503-512-1220

Today's date:			Referring Physician:	
PATIENT INFORMATION				
Patient Name: Last First Middle			Date of Birth:	PCP:
Address:		Social Security #:		Home phone:
City:	State:		Zip:	Other Phone:

Is the pain related to a work injury? □ **Yes** □ **No** **If yes, Date of Injury:**_____

Is the pain related to a MVA: □ **Yes** □ **No** **If yes, Date of Injury:**_____

Insurance Coverage (OR Attach copy of insurance cards)				
Primary Insurance:			Phone:	
Billing Address, City, State, Zip:			ID #:	Group #:
Subscriber Name: Last First Middle			Sex: ❑ M ❑ F	Date of Birth: / Relationship to Patient:
Secondary Insurance:			Phone:	
Billing Address, City, State, Zip:			ID #:	Group #:
Subscriber Name: Last First Middle			Sex: ❑ M ❑ F	Date of Birth: / Relationship to Patient:

Pain Management/Consultation Request: □ Consultation Only □ Consultation + Treatment □ Procedure Only

Procedure Type: □ Transforaminal ESI □ Facet Joint Injection □ Radiofrequency Ablation □ Sacroiliac Joint Injection

□ Selective Nerve Root Block □ Medial Branch Block □ Spinal Cord Stimulator Trial □ Other _____

Level(s): _____ **Diagnosis:** _____

Additional Services:
□ Psychiatry – Allison Gullo, MD Notes: _____

Please include the following items with completed faxed request form:

Copy of Insurance Card (Front & Back)

***WPSC does not accept Oregon Health Plan Insurance (only Providence DMAP)**

Recent Chart Notes

Recent Diagnostic Imaging

Go to www.willamettepain.com for more information