

Dear Physician and/or Office Manager,

This letter is to inform your office of our clinic's services and our referral process. In the event that your patients need a pain management referral, we hope that you would consider our clinic.

Our goal is to improve the quality of life for patients. Our comprehensive approach to pain management draws upon advanced techniques and treatments, as well as appropriate medications, while using conservative methods. Our interdisciplinary team works together to deliver compassionate, effective patient care in a supportive environment. Our coordinated and comprehensive pain management services include proven strategies for managing pain.

Referring Providers:

- Along with a completed referral form (included), *please include:*
- Most recent office visit notes
- Most recent CT/MRI reports
- Patient's demographics sheet
- Copy of patient's driver's license and front/back of the insurance cards

Evaluation Process:

- Upon receipt of your referral we will review and ensure all necessary information has been provided
- Complete referral packets are reviewed by our physician/psychologist for evaluation and approval
- If approved, we will contact the patient and schedule them for an initial evaluation/procedure **(Please inform patient that our office will contact them to schedule appointment upon approval.)**
- If denied, we will fax a denial letter to your office with a reason

Once we have evaluated the patient, the referring provider will be sent a copy of our evaluation summary, treatment plan & recommendations or operative reports if referred only for injections.

Thank you for your time and we look forward to helping to minimize the physical and emotional distress of your patients.