

Physical Medicine and Rehabilitation | Pain Medicine

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Locations

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Medical Provider Referral Form

Referring Provider:	Date:	Phone:	
Patient Name:	DOB:	Phone:	
Diagnosis:	<u> </u>		
Reason for Referral:			
☐ PROCEDURE ONLY ☐ RENEWAL PROGRAM			
☐ EMG/NCV ONLY			
Please fax this complete form to (512) 326-8 1.) Demographic Information 2.) Clinical Visit Notes 3.) Imaging Reports 4.) Relevant Laboratory Results	660 along wi	ith:	
Summary of Medical S	Services/Pro	cedures Offered:	
Evaluation & Management of Opioid Medications for	Sym	Sympathetic Block (cervical, thoracic, lumbar)	
painful conditions including Headache, Fibromyalgia, Arthritis, and Peripheral Neuropathy		Transforaminal Epidural Steroid Injections (cervical, thoracic, lumbar) Facet Injections/ Medial Branch Blocks (cervical, thoracic, lumbar)	
Electrodiagnostics (NCV/EMG) for Radiculopathy, Plexopathy, or Entrapment Neuropathy	Face		
Discography (Lumbar)	•	Routine Epidural Steroid Injections (cervical, thoracic, lumbar)	
Trigger Point Injections with Xylocaine or Steroid			
Office-based Addiction Management (Suboxone)		iofrequency Thermal Coagulativical, thoracic, lumbar)	tion (RFTC)
Sacroiliac Joint Injections	•	,	
Occipital Nerve Blocks and/or C ₂ Ganglion Blocks	•	nal Cord Stimulator Trial vical, thoracic, lumbar)	
Nucleoplasty	Vert	ebroplasty	