University Center for Pain Ma UCCP of k	nagement noxville	"Accu	-	Targeted Treatment of Pain" Referral Form Fax to 865-305-8695 Date:
PLEASE SUBMIT Demographics Recent Office Notes Relevant Imaging Insurance Cards				
REQUESTED PHYSIC	CIAN			
First Available	Jason M. Bueh	ler, MD	Mark B. Murray, M	D
Jeffrey B. Staack, ME	Mathew B. Va	nce, MD	Stephanie G. Van	terpool, MD, MBA
PATIENT INFORMATI	ON			
Last Name	First Name:		DOB	
Home Phone	Cell Phone		Email Address	
Special Considerations – Patient being treated by the following:				
Blood Thinners Pacemaker/AICD Spinal Cord Stimulator Bladder Stimulator Other				
PAIN COMPLAINT				PROCEDURE
 Headache Back Pain Thoracic Lumbar Neck Pain Extremity Pain 	 Failed Back Surgery Syndrome Myofascial Pain/Muscle Pain Abdominal Pain Radiculopathy (Level) Complex Regional Pain Syndrome Other 		 Epidural Steroid Transforaminal Epidural Facet Joint Injection Intra-articular Steroid 	
INSURANCE INFORM	AITON			 Occipital Nerve Block SI Joint Injection
Insurance Carrier	SURANCE Insura Insura Group ID # -	nce Carrier		 Grown Injection Knee Diagnostic RFA Trigger Point Injection Spinal Cord Stimulation Other
REFERRAL TYPE				FOLLOW-UP CARE
Comprehensive F	e <mark>rral</mark> – Opioid therapy will <u>Ne</u> Referral – Opioid therapy <u>N</u>	<u>1AY</u> be considered a	as part of evaluatio	n procedure I am referring the patient to you for long-
	Physician Name	Phone No	Fax No	term management