



Physician Referral Form

Pain Management

Pain Management: Kathy Wang, DO Neil Batta, MD Tag Veal, MD

Gig Harbor	Silverdale	Puyallup
4700 Point Fosdick Dr. NW, Ste. 205 Gig Harbor, WA 98335 P: (253) 841-0842 F: (253) 445-0756 Dr. Neil Batta	9615 Levin Rd., Ste. 103 Silverdale, WA 98383 P: (253) 841-0842 F: (253) 445-0756 Dr. Neil Batta	1519 3 rd St. SE Ste. 101 Puyallup, WA 98372 P: (253) 841-8939 F: (253) 445-0756 Dr. Kathy Wang Dr. Tag Veal

Please include demographics, insurance cards (front/back), if L&I/MVA: Need claim #, DOI, claims manager name & phone number, last 3 chart notes to include most recent H&P, medication list, any diagnostic reports for last 2 years.
(Ex: MRI, CT scan, EMG, op-reports, injections, Physical Therapy and Chiropractic notes)

Referring Physician	Phone	Fax
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Patient & Insurance Information

Last Name	First Name	MI	DOB
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Address	City	State	Zip
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Home Phone	Cell Phone
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Insurance Company	Subscriber ID or Claim Number	DOI (If Worker's Comp)
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Insurance Billing Address	City	State	Zip
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Phone	Fax
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Services

Interventional Pain Consult
Evaluation & Treatment
Chronic Pain Management-
(Dr. Wang and Dr. Batta only)
Other:

Procedures

Epidural Steroid Injection
Selective Nerve Root Block
Facet Joint Injection
Trigger Point Injection
Radiofrequency Ablation

Discogram
Spinal Cord Stimulation
Celiac Plexus Block
Botox
Stem Cell Therapy

EMG- RUE RLE
LUE LLE
BUE BLE
Other:

Diagnosis:

Follow-Up Care:

- I would like to see this patient at a follow-up appointment after any procedure.
- I am referring the patient to you for long term care.

Urgency of appointment: Routine Urgent