



psadocs.com

FAX THIS FORM TO:

855.277.5070

NEW PATIENT SCHEDULING PHONE: 855.876.7246
referrals@psadocs.com

Physician Requesting: _____

Date: _____

Referring Provider: _____

Patient Name: _____

Referring Provider Phone: _____

Patient Email: _____

Referring Provider Fax: _____

Patient Phone: _____

Reverring NPI#: _____

Patient DOB: _____

[] Evaluate/treat as you deem appropriate [] Procedure only (see below) [] Kyphoplasty Consult

[] Special Request: _____

SUBMIT THE FOLLOWING DOCUMENTATION WITH REFERRAL

- ✓ MEDICAL RECORDS (LAST 3 OFFICE NOTES) ✓ DEMOGRAPHIC SHEET ✓ IMAGING (IF AVAILABLE)
✓ COPY OF INSURANCE CARD OR WORKERS' COMP INFORMATION

FOCUSED PAIN PROBLEM (CHOOSE ALL THAT APPLY)

- [] HEADACHE [] PAIN INVOLVING HEAD, NECK AND THROAT [] CERVICAL SPINE PAIN [] THORACIC PAIN
[] LUMBAR-SACRAL PAIN [] SHOULDER PAIN [] HIP PAIN [] KNEE PAIN [] MYOFASCIAL PAIN [] PERIPHERAL NEUROPATHY
[] FIBROMYALGIA [] SYMPATHETIC MEDIATED PAIN [] NEUROPATHIC PAIN [] POST SURGICAL CHRONIC PAIN [] CANCER PAIN
[] PHANTOM PAIN [] SHINGLES/PHN [] PELVIC PAIN [] CHRONIC PANCREATITIS
[] OTHER: _____

REQUEST A PROCEDURE (CHOOSE ALL THAT APPLY)

- [] ADHESIOLYSIS [] CELIAC PLEXUS BLOCK [] DISCOGRAPHY [] DORSAL ROOT GANGLION [] EPIDURAL STEROID INJECTION
[] FACET JOINT INJECTION/MEDIAL BRANCH BLOCK [] INTRATHECAL PUMP MANAGEMENT [] KYPHOPLASTY/VERTEBROPLASTY
[] LUMBAR SYMPATHETIC BLOCK [] NERVE BLOCK [] OPIOID MANAGEMENT [] PELVIC INJECTIONS
[] PERCUTANEOUS DISC DECOMPRESSION [] PERIPHERAL NERVE STIMULATION [] RADIO FREQUENCY/CRYOTHERAPY
[] SACROILIAC JOINT INJECTION [] SELECTIVE NERVE ROOT BLOCK [] SPINAL CORD STIMULATOR
[] STELLATE GANGLION BLOCK [] TRIGGER POINT INJECTION [] VERTIFLEX
[] OTHER: _____

ONCE YOUR PATIENT'S PROCEDURE IS COMPLETE WE WILL RETURN THEM BACK TO YOUR CARE

REFERRING PROVIDER SIGNATURE: _____

DATE: _____

We will contact patients within 24 hours to schedule their appointment.
Thank you for your continued support and trusting us with your patients

INTERVENTIONAL PAIN MANAGEMENT CLINICS

North Austin – Duval

4100 Duval Road, Building 3, Suite 200
Austin, TX 78759
Fax: (512) 485-7224

Shawn Puri, MD

Austin Central – James Casey

4316 James Casey Street, Building B, Suite 200
Austin, TX 78745
Fax: (512) 369-3366

Daniel A. Frederick MD
 Genaro J. Gutierrez, MD
 Chris Massey, MD

South Austin – Onion Creek

701 E. FM 1626, Suite 301
Austin, TX 78748
Fax: (512) 609-8020

Jason Lo, MD

Bastrop

3101 Highway 71, Suite 211
Bastrop, TX 78602
Fax: (512) 265-8742

Jason Lo, MD

Cedar Park

1401 Medical Parkway, Building C, Suite 345
Cedar Park, TX 78613
Fax: (512) 485-7224

Jacob Caylor, MD

Georgetown

3201 South Austin Avenue, Suite 265
Georgetown, TX 78628
Fax: (512) 582-8264

Pankaj Mehta, MD
 Shawn Puri, MD
 Padma Doniparthi, MD

Killeen

3310 E. Central Texas Expressway,
Building B, Suite 201
Killeen, TX 76542
Fax: (254) 432-5388

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213 Hunters Village
New Braunfels, TX 78132
Fax: (830) 625-2235

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Round Rock, TX 78681
Fax: (737) 212-0544

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 Genaro J. Gutierrez, MD

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San Marcos, TX 78666
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 Chris Massey, MD

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Seguin, TX 78155
Fax: (830) 433-9089

Trey Mouch, MD

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305 Clinite Grove Blvd
Temple, TX 76502
Fax: (855) 277-5070

Padma Doniparthi, MD

Waco

205 Woodhew Drive, Suite 203
Waco, TX 76712
Fax: (254) 732-0947

Benjamin Fronk, MD

AMBULATORY SURGERY CENTERS

PSA Surgery Center of Killeen

2701 East Stan Schlueter Loop, Suite 100
Killeen, TX 76542
Fax: (254) 432-4910

PSA Surgery Center of South Austin

701 E. FM 1626, Suite 300
Austin, TX 78748
Fax: (512) 614-2735

The Pain Relief SurgiCenter

4100 Duval Road, Building 3, Suite 100,
Austin, Texas 78759
Fax: (512) 836-1202

MOST LOCATIONS HAVE AN IN-OFFICE PROCEDURE SUITE

4 WAYS TO REFER A PATIENT:



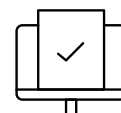
Download our New Patient Referral Form from psadocs.com/referrals Complete the form and fax to **855.277.5070**



Call our New Patient Coordinator team directly at **855.876.7246**



Email referrals@psadocs.com



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