

FAX THIS FORM TO:

## 855.277.5070

NEW PATIENT SCHEDULING PHONE: 855.876.7246 referrals@psadocs.com

### psadocs.com

Physician Requesting: (please select)	☐ Bennjamin Fronk, MD ☐ Chris Massey, MD ☐ Daniel A. Frederick MD	☐ Genaro J. Gutierrez, MD ☐ Jacob Caylor, MD ☐ Jason Lo, MD	☐ Pankaj Mehta, MD ☐ Shawn Puri, MD ☐ Trey Mouch, MD	
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	y (see below) ☐ Kyphoplasty Co	onsult	
☐ Special Request:				
SUBMIT THE FOLI	LOWING DOCUMENTATIO	N WITH REFERRAL		
✓ MEDICAL RECORDS (LAST 3 OFFICE NOTES) ✓ DEMOGRAPHIC SHEET ✓ IMAGING (IF AVAILABLE) ✓ COPY OF INSURANCE CARD OR WORKERS' COMP INFORMATION				
FOCUSED PAIN PE	ROBLEM (CHOOSE ALL TH	ΔΤ ΔΡΡΙΥ)		
FOCUSED PAIN PROBLEM (CHOOSE ALL THAT APPLY)    HEADACHE				
REQUEST A PROC	EDURE (CHOOSE ALL THA	AT APPLY)		
☐ ADHESIOLYSIS ☐ CEL☐ ☐ FACET JOINT INJECTIO ☐ LUMBAR SYMPATHETIO ☐ PERCUTANEAOUS DISO ☐ SACROILIAC JOINT INJ ☐ STELLATE GANGLION E	LIAC PLEXUS BLOCK  DISCOGRAPION/MEDIAL BRANCH BLOCK  INTR C BLOCK  NERVE BLOCK  OPIO C DECOMPRESSION  PERIPHERAL ECTION  SELECTIVE NERVE ROOT BLOCK  TRIGGER POINT INJECTIO	HY DORSAL ROOT GANGLION ATHECAL PUMP MANAGEMENT ID MANAGEMENT PELVIC IN. NERVE STIMULATION RADIO BLOCK SPINAL CORD STIMU N VERTIFLEX	) FREQUENCY/CRYOTHERAPY JLATOR	
☐ ADHESIOLYSIS ☐ CEL☐ ☐ FACET JOINT INJECTIO ☐ LUMBAR SYMPATHETIO ☐ PERCUTANEAOUS DISO ☐ SACROILIAC JOINT INJ ☐ STELLATE GANGLION E	LIAC PLEXUS BLOCK  DISCOGRAPION/MEDIAL BRANCH BLOCK  INTR C BLOCK  NERVE BLOCK  OPIO C DECOMPRESSION  PERIPHERAL ECTION  SELECTIVE NERVE ROOT BLOCK  TRIGGER POINT INJECTIO	HY DORSAL ROOT GANGLION ATHECAL PUMP MANAGEMENT ID MANAGEMENT PELVIC IN. NERVE STIMULATION RADIO BLOCK SPINAL CORD STIMU N VERTIFLEX	☐ KYPHOPLASTY/VERTEBROPLASTY JECTIONS D FREQUENCY/CRYOTHERAPY JLATOR	

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

<b>North Austin – Duval</b> 4100 Duval Road, Building 3, Suite 200 Austin, TX 78759	<b>Cedar Park</b> 1401 Medical Parkway, Building C, Suite 345 Cedar Park, TX 78613	<b>Round Rock</b> 7201 Wyoming Springs Drive, Suite 400 Round Rock, TX 78681
☐ Genaro J. Gutierrez, MD	☐ Jacob Caylor, MD	☐ Jacob Caylor, MD
<b>Austin Central – James Casey</b> 4316 James Casey Street, Building B, Suite 200 Austin, TX 78745	<b>Georgetown</b> 3201 South Austin Avenue, Suite 265 Georgetown, TX 78628	San Marcos 1304 Wonder World Drive San Marcos, TX 78666
☐ Daniel A. Frederick MD ☐ Genaro J. Gutierrez, MD ☐ Chris Massey, MD	☐ Daniel A. Frederick MD ☐ Shawn Puri, MD	☐ Chris Massey, MD
<b>South Austin – Onion Creek</b> 701 E. FM 1626, Suite 301 Austin, TX 78748	Killeen 3310 E. Central Texas Expressway, Building B, Suite 201 Killeen, TX 76542	Seguin 417 South King Street Seguin, TX 78155  ☐ Trey Mouch, MD
☐ Jason Lo, MD ☐ Chris Massey, MD	☐ Pankaj Mehta, MD	<b>Temple</b> 305 Clinite Grove Blvd
<b>Bastrop</b> 3101 Highway 71, Suite 211 Bastrop, TX 78602	<b>New Braunfels</b> 213 Hunters Village New Braunfels, TX 78132	Temple, TX 76502 ☐ Bennjamin Fronk, MD
☐ Jason Lo, MD	☐ Trey Mouch, MD	<b>Waco</b> 7003 Woodway Drive, Suite 313 Waco, TX 76712
		☐ Bennjamin Fronk, MD

#### AMBULATORY SURGERY CENTERS

#### **PSA Surgery Center of Killeen**

2701 East Stan Schlueter Loop, Suite 100 Killeen, TX 76542

## **PSA Surgery Center of South Austin**

701 E. FM 1626, Suite 300 Austin, TX 78748

#### **The Pain Relief SurgiCenter**

4100 Duval Road, Building 3, Suite 100, Austin, Texas 78759

# 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 at **855.876.7246** 





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