LARS R. NEWSOME, MD
Pain Management Office | 4130 La Jolla Village Drive, Suite 300 | La Jolla, CA 92037

PHYSICIAN REFERRAL FORM

PATIENT INFORMATION	
Patient Name	Date of Birth
Phone / Email Address	
Insurance Company	Insurance ID Number
Diagnosis	

PHYSICIAN INFORMATION	
Referring Physician	
Referring Coordinator	
Office Number	Office Fax
Reason for Referral	

SERVICE REQUESTED

- ❑ Urgent
- ❑ Routine
- ❑ EMG/NC/STUDY
- ❑ Evaluation & Treatment
- ❑ Call back from pain specialist
- ❑ Consultation only
- ❑ Spinal cord stimulator
- ❑ Intrathecal drug therapy
- ❑ Diagnostic musculoskeletal ultrasound
- ❑ Procedure:

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Please fax this referral to 858.244.0150
Include patient record, if possible.
www.painservicemedicalgroup.com