We pride ourselves in a 24 hour referral turnaround time!

Chenal PAIN MANAGEMENT
-Life Begins When Pain Ends

DATE _____

Referring Physician _____

Phone # ( ) _____ Fax # ( ) _____

Please specifically document consultation requests in the patient's medical record. For consultation visits, we will send a complete report to the requesting provider after the patient visit.

PATIENT INFORMATION

Last Name _____ First Name _____

Patient DOB _____ SSN _____

Insurance _____

Patients Address _____

City, State, Zip _____

Phone ( ) _____ ( ) _____

Is this workman's comp? Y N Is this an MVA? Y N

Hx/Diagnosis _____

Reason for visit:

- ☐ Consultation only
- ☐ Consultation and treatment (if applicable)

Requested services, if applicable:

- ☐ Medication Management
- ☐ Epidural steroid injection

Special Instructions/Specific Requests:

Please send the following:

- Progress Notes
- MRI/CT & Any previous test such as EMG, Bone Scans, and X-rays
- Copy of insurance card(s)

Clinic & Procedure Location
11219 Financial Centre Parkway
Suite 240
Little Rock AR 72211

Thank you for the Referral

Dr. Krishnappa Prasad & Staff

Please fax request to (501) 725-0825

11219 Financial Centre Parkway Suite 240 Little Rock, AR 72211

Phone (501) 725-0830 Fax (501) 725-0825

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