

PAUL E. KIM, M.D. PAIN MANAGEMENT
3549 CAMINO DEL RIO SO., STE A
SAN DIEGO, CA 92108
P: 619-543-0144 FAX: 619-543-0445

REFERRAL FORM

PATIENT INFORMATION

NAME: _____ DOB: _____ TODAY'S DATE _____

PHONE: _____ EMAIL: _____

Please attach the following:

INSURANCE CARD

DEMOGRAPHIC PAGE

DIAGNOSIS: _____

PHYSICIAN INFORMATION

REFERRING PHYSICIAN: _____ REFERRAL COORDIANTOR: _____

OFFICE NUMBER: _____ OFFICE FAX: _____

REASON FOR REFERRAL: _____

SERVICE REQUESTED

URGENT ROUTINE CALL BACK FROM PAIN SPECIALIST

EVALUATION & TREATMENT CONSULTATION ONLY SPINAL CORD STIMULATOR

CHRONIC PAIN KYPHOPLASTY MEDICATION MANAGEMENT

OTHER: _____

PLEASE FAX REFERRAL TO 619-543-0445 WITH PATIENT'S RECORDS (& ANY IMAGING REPORTS) IF POSSIBLE
3549 CAMINO DEL RIO SO., STE. A SAN DIEGO, CA 92108

WWW.SANDIEGOPAINMD.COM