Pain Institute of Southern Arizona

Phone: (520) 999-9000 | Fax: (520) 448-3149

Please return to fax

Referral Notice

Patient Information

Full Legal Name:_____ DOB:_____ Phone:_____

Primary Insurance:_____ Secondary Insurance: _____

Member ID #:_____ Member ID #: _____

Subscriber/Dependent: ☐ Married ☐ Widowed ☐ Single

☐ New Patient ☐ Established Patient

☐ Urgent Referral

Evaluate and treat the patient within 5 business days. Note: if a referral from a PCP is needed, it could delay the scheduling process.

☐ Non-Emergency Referral

Evaluate and treat in our regular schedule. Average wait time: 2 weeks. Note: if a referral from a PCP is needed, it could delay the scheduling process.

Diagnosis:_____

ICD-IO Code(s): _____

Authorization #: _____ Referring Office: _____

_____ _____ _____

REFERRING PROVIDER'S SIGNATURE NPI # DATE

Providers:

☐ Eric Cornidez, MD, MBA
☐ Christopher Bailey, MD
☐ Nicholas Elkins, DO
☐ Kenneth Gossler, MD
☐ Marco Duran, MD
☐ **First Available**
☐ Efrain Cubillo, MD
☐ Kayven Farshad, MD
☐ Jared Gilman, MD

Please fax back this form with patient's last 3 chart notes, patient demographics, and any imaging.
Patient will be offered a different location based on appointment availability.