

# Desert Pain Institute

Tel | 480-325-3801

Referral Form

Fax | 480-344-1626

Select One:  First Available

Specific Specialist: \_\_\_\_\_

Location:  Mesa

Queen Creek

**If your Electronic Medical Record System allows electronic referrals, please feel free to send information electronically. We are in most EHR and online referral systems (ex. Crimson Medical Referrals). Simply search for our practice: DESERT PAIN INSTITUTE. Or search for the individual physicians: ERIC BOYD, MD; RICHARD RUSKIN, MD; or KARL HURST-WICKER, MD**

Referral		Patient Information	
Physician Name:		Patient Name:	
Office Phone #:		DOB:	
# Visits:		Phone #:	
Authorization #:		Chief Complaint:	
Expiration Date:		Primary Insurance:	
NPI#:		Member ID#:	
Date of Referral:		Secondary Insurance:	
		Member ID#:	

## PLEASE FAX ALONG WITH THIS REFERRAL FORM:

- Patient Demographics
- Insurance Card (front & back)
- Office visit notes pertaining to this diagnosis
- Medication List
- Radiology Reports (x-rays, MRI, CT scan, etc.) related to this diagnosis