

ENID PAIN & SPINE

Chad Owens, D.O.

Board Certified American Board of Anesthesiology
Subspecialty Board Certified in Pain Medicine
Specializing in Interventional Pain Medicine

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FAX REFERRAL

Name: _____ Date: _____

DOB: _____ Home Phone #: _____ Work Phone #: _____

Chief Complaint/Diagnosis: _____

- Pain Evaluation & Consultation
- Diagnostic Nerve Block
- Epidural Steroid Injection
_____ cervical _____ thoracic _____ lumbar
- Facet Joint injection
_____ cervical _____ thoracic _____ lumbar
- Selective Nerve Root Block
_____ cervical _____ thoracic _____ lumbar
- Discography
_____ cervical _____ thoracic _____ lumbar
- Vertebroplasty/Kyphoplasty/Sacroplasty
- Botox Treatment for Maxillofacial Pain, Migraines and TMJ
- Specific Level Desired (If applicable): _____
- OTHER: _____
- Lumbar Sympathetic Block
- Occipital Nerve Block
- Stellate Ganglion Block
- Trial Spinal Cord Stimulator
- Facet Radiofrequency Ablation
- Ultrasound-Guided Injection
- Sacroiliac Joint Injection (SI Joint)

Referring Physician: _____ Contact Phone: _____

*** PLEASE FAX COPIES OF ANY DIAGNOSTIC REPORTS (MRI, CT, X-RAY, ETC.), AS WELL AS THE MOST RECENT PHYSICIAN'S NOTES, PATIENT DEMOGRAPHICS AND INSURANCE INFORMATION RELATED TO THE PATIENT ALONG WITH THIS REQUEST FORM. ***

