



Thank you in advance for giving us the opportunity to care for your patient. Please complete the following info and fax to our attention. Our dedicated scheduling staff will contact the patient within 48 hours and notify your office of the appointment date and time via return fax.

Alexander Sinofsky MD
Board Certified in Pain Medicine
Board Certified Anesthesiologist

Brandon Sutton MD
Board Certified in Pain Medicine
Board Certified Anesthesiologist

REFERRAL

Date: _____ Requesting Physician: _____

Requesting Physician UPIN#: _____ Requesting Physician NPI#: _____

Office Address: _____ Office Phone Number: _____

Patient Name (Last, First, Middle Initial): _____

Date of Birth: _____ Social Security Number: _____

Home Address: _____ Home Phone Number: _____

Work/Alternate Phone Number: _____

Reason For Consult:

Is this an Auto Accident Injury: () YES () NO

Is this a Work Related Injury: () YES () NO

Insurance Type: _____

Referral or Authorization Number: _____

If applicable, Workers Compensation D.O.I.: _____

- Workers Compensation Claim Number: _____
- Allowed Diagnosis Codes: _____
- Case Manager (Name & Phone Number): _____

Please provide the following information along with the referral to avoid delays in scheduling.

- All Medical Records including MRI and Radiology Reports, Office Notes, Etc.
- Copy of Insurance Cards
- Copy of Authorization and or Referral Number when applicable (Workers Compensation, Carelink, Aetna, Cigna, Etc.)

New Patient Consultation is a consult only, and does not guarantee medication management.

Thank you for your referral. If you have questions or your referral has not been processed within two weeks, please contact OVPI directly.