



Pain Specialists of Beaufort

Edward Tavel Jr. MD • Ryan Galica MD
 135 Sea Island Pkwy. • Beaufort, SC 29907
 Phone: (843) 473-6666
 Fax: (843) 818-1145
 Email: info@painbeaufort.com

Type of Referral:

- Evaluate and Treat Procedure (check list below) Medication Management Massage Therapy

Date: _____ Referring Physician: _____

Return Fax #: _____ Return Phone #: _____

Patient Name: _____ Date of Birth: _____

Address: _____

Phone Number(s): _____ Social Security #: _____

Insurance(s): _____

Help us offer our shared patients the best and timeliest care possible. Please include the following documents in your referral:

- Relevant Medical Records
- MRI/X-Ray Reports (if not available, please refer patient for MRI/X-Ray)
- If Worker's Comp, please include adjuster information
- Copy of Insurance Cards (front & back)
- Patient Demographics

Clinical Information	Procedure	Level/Joint/Nerve and Side(s)
Patient's Area of Pain: _____	Spinal Cord Stimulator Trial	
_____	Peripheral Stimulator Trial	
_____	Interlaminar Epidural Steroid Injection (CERVICAL)	
_____	Interlaminar Epidural Steroid Injection (LUMBAR)	
Diagnosis: _____	Caudal Epidural Steroid Injection	
_____	Transforaminal Epidural Steroid Injection	
_____	Additional Nerve(s)	
Diagnosis Code: _____	Selective Spinal Nerve Blocks	
_____	Additional Nerve(s)	
Patient on Blood Thinner: <input type="checkbox"/> Y <input type="checkbox"/> N	Facet Joint Injection (Medial Branch Block)	
Prescribed Blood Thinner: _____	Additional Nerve(s)	
_____	Sacroiliac Joint Injection	
Prescribing Physician: _____	Provocation Discography	
_____	Radiofrequency Neurotomy (Facet Denervation)	
Comments: _____	Additional Joint(s)	
_____	Sympathetic Block	
	Costovertebral Joint Injection	
	Additional Joint(s)	
	Hip Joint Injection	
	Shoulder Joint Injection(s)	
	Knee Joint Injection(s)	
	Ilioinguinal Nerve Block	
	Special Request:	

Pain Specialists of Beaufort, P.A. wants to ensure all referring physicians are included in the status of our shared patients' treatment plans. Please let us know how you would like to be notified of this patient's appointment date and time.