Board Certified ◦ Fellowship Trained
Interventional Pain Specialist
CompassPainClinic.com

COMPASS PAIN AND SPINE

Ryan Tran, M.D.
3406 N. Tarrant Pkwy ste 230, Fort Worth, TX 76177
Ph 817.886.2000 F 817.886.2020

Request for Pain Management Consultation

Date: _____

Patient Name: _____ Date of Birth: _____

Contact Phone #: _____

Insurance: _____

☐ Major Insurance: _____

☐ Medicare ☐ Wellmed ☐ Letter of Protection ☐ None/Self-Pay

Chief Complaint / Diagnosis: _____

Referring Provider: _____

Office Phone #:_____ Office Fax #: _____

Referral Type: Consultation and Treatment OR Specific Request (check box below)

If specific request, please check box or notate below:

☐ Spinal Cord Stimulator Trial
☐ Peripheral Nerve Stimulator Trial
☐ Dorsal Root Gangliom (DRG) Stimulator Trial
☐ Epidural Steroid Injection(s) (Cervical/Thoracic/Lumbar)
☐ Facet Medial Branch Blocks (Cervical/Thoracic/Lumbar)
☐ Stellate Ganglion Nerve Block
☐ Adhesiolysis
☐ Radiofrequency Ablation/Neurolysis
☐ Sacroiliac Joint Injection(s)
☐ Joint Injection(s)
☐ Medical Laser Therapy
☐ Genicular Nerve Blocks / Radiofrequency Ablation
☐ Botox Injections for Migraines
☐ Vertebroplasty/Kyphoplasty
☐ Peripheral Nerve Block(s)
☐ Selective Nerve Root Block(s)
☐ Trigger Point Injection(s)
☐ Occipital Nerve Block(s)
☐ Lumbar Sympathetic Block
☐ Platelet Rich Plasma / Prolotherapy (PRP)
☐ Vertiflex / Superion Procedure
☐ Medication Management

Please note any further details, specific requests, joints, and/or levels:

_____
_____
_____
_____
_____

Please fax this form to 817-886-2020

Please include any pertinent records, reports, and demographics.

Thank you for referring to Compass Pain and Spine!

Want more information? Check out CompassPainClinic.com or scan here: