

M.D. Pain Specialists

Transformation through evidence based care



James B. Shaw, M.D.

Board Certified Pain Specialist

1680 S. Melrose Dr, Suite 105
Vista, CA 92081

2027 Grand Canal Blvd, Suite 29
Stockton, CA 95207

100 E Romie Lane, Suite 4
Salinas, CA 93901

Phone (760) 734-1800

Fax (760) 734-1888

www.mdspainspecialist.com

FAX REFERRAL

Name: _____ Date: _____

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

Chief Complaint/Diagnosis: _____

*** 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. ***

- | | |
|--|---|
| <input type="checkbox"/> Pain Evaluation & Consultation | <input type="checkbox"/> Nucleoplasty (Percutaneous) |
| <input type="checkbox"/> Diagnostic Nerve Block | <input type="checkbox"/> IDET Procedure |
| <input type="checkbox"/> Epidural Steroid Injection
___cervical ___thoracic ___lumbar | <input type="checkbox"/> Lumbar Sympathetic Block |
| <input type="checkbox"/> Facet Joint injection
___cervical___thoracic___lumbar | <input type="checkbox"/> Occipital Nerve Block |
| <input type="checkbox"/> Selective Nerve Root Block
___cervical___thoracic___lumbar | <input type="checkbox"/> Stellate Ganglion Block |
| <input type="checkbox"/> Discography
___thoracic___lumbar | <input type="checkbox"/> Trial Spinal Cord Stimulator |
| <input type="checkbox"/> Botox Treatment for Maxillofacial Pain, Migraines and TMJ | <input type="checkbox"/> Facet Rhizotomy |
| <input type="checkbox"/> Specific Level Desired (If applicable): _____ | <input type="checkbox"/> OTHER: _____
_____ |

Referring Physician: _____ Contact Telephone: _____