

# 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<br>___cervical ___thoracic ___lumbar | <input type="checkbox"/> Lumbar Sympathetic Block     |
| <input type="checkbox"/> Facet Joint injection<br>___cervical___thoracic___lumbar        | <input type="checkbox"/> Occipital Nerve Block        |
| <input type="checkbox"/> Selective Nerve Root Block<br>___cervical___thoracic___lumbar   | <input type="checkbox"/> Stellate Ganglion Block      |
| <input type="checkbox"/> Discography<br>___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: _____<br>_____        |

Referring Physician: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_