



A P M I

Advanced Pain Medicine Institute

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FAX REFERRAL
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GREENBELT

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5530 Wisconsin Avenue
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Chevy Chase, MD 20815

TO MAKE AN APPOINTMENT
CALL (301) 220-1333 | FAX: (301) 220-1533

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"/> Facet Joint Injections | <input type="checkbox"/> Intradiscal Electrothermal Therapy (IDET) |
| <input type="checkbox"/> Lumbar Sympathetic Block | <input type="checkbox"/> Lumbar Transforaminal Epidural Steroid Injection |
| <input type="checkbox"/> Medical Block | <input type="checkbox"/> BioWave Therapy Treatment |
| <input type="checkbox"/> EMG/ NCV | <input type="checkbox"/> Radiofrequency Neurotomy of Lumbar Facets |
| <input type="checkbox"/> Sacroiliac Joint Steroid Injection | <input type="checkbox"/> Spinal Cord Stimulator Implant |
| <input type="checkbox"/> Stellate Ganglion | <input type="checkbox"/> Vertebroplasty |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Acupuncture |

Referring Physician: _____ Contact #: _____
(Please Print)

Address: _____

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Multilingual medical staff