

Texas Spine & Pain MD, PLLC
1055 Clarksville St # 165, Paris, TX 75460
Ph: +1(903) 401-5145; Fax: +1(903) 401-5146
Email: info@txspmd.org; Web: www.txspmd.org



Praveen Natakal Pakeerappa, M.D.
Pain Management Specialist
NEW PATIENT REFERRAL FORM

Referring Physician: _____ Office Contact Person: _____

Office Phone #: _____ Office Fax #: _____

Patient's Name: _____ Date of Birth: _____

Best Contact Phone #: _____ Social Security #: _____

Primary Insurance: _____

Pain-related diagnosis: _____

Specific Instruction: _____

To facilitate the referral process, please fax this completed form, along with:

- Copy of front and back of patient's insurance card(s) (must be received prior to review of information)**
- Copies of 2-3 most recent office notes
- Copies of any XRay/MRI/CT reports that are related to the patient's pain symptoms

We will make initial contact with the patient within 24 hours after receiving the information. If we do not feel that we can help your patient, our office will contact your office to let you know. Please list email address that we may send that information to _____

Thank you for the referral!