MARYLANDPAIN
SPECIALISTS
PROVEN SOLUTIONS TO MANAGE PAIN
AN AFFILIATE OF THE
UNIVERSITY OF MARYLAND
ST. JOSEPH MEDICAL GROUP

Louis M. Panlilio, MD
Theodore S. Grabow, MD
Brian M. Block, MD, PhD
Ayodeji J. Omosule, MD, MHA
Gilah Speedone, MSN, CRNP
Chelsea Hunt, MSN, CRNP
Ginny Jump, MSN, CRNP

Date: _____ DOB: _____

Patient's Name: _____

Diagnosis: _____

Reason for Request:

❑ Pain Consultation: _____

❑ Procedure: (include levels if applicable)

- ❑ Epidural Steroid Injection _____ ❑ Nerve Root Block _____
- ❑ Transforaminal Epidural Steroid Injection _____
- ❑ Facet Injection/Ablation _____ ❑ Joint or Bursa Injection _____
- ❑ Spinal Cord Stimulator _____ ❑ Discography _____
- ❑ SI Joint Injection _____ ❑ PRP _____
- ❑ Genicular (Knee) Block/Ablation _____
- ❑ Other (specify) _____

***To expedite patient scheduling, please fax the following:

- ❑ This completed referral form
- ❑ Patient demographic sheet
- ❑ Office notes that pertain to the patient's diagnosis (last three notes)
- ❑ Diagnostic reports: written MRI, CT scan, x-ray reports

Comments: _____

_____

Signature: _____

Print Name: _____

Office Phone: _____ Office Fax: _____

7505 Osler Drive, O'Dea Bldg, Suite 500, Towson MD, 21204
Tel: **410-337-4882** * Fax: **410-427-2079**
Visit us online at www.MarylandPainSpecialists.com