



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
Jennifer Nasser, MSPAS, PA-C
Jo Anne Andresini, MSN, CRNP
Gilah Speedone, 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: _____

Ruxton Professional Center • 8322 Bellona Avenue, Suite 330, Towson, MD 21204

Tel: 410.825.6945 • Fax: 410.825.8974

Visit us online at www.MarylandPainSpecialists.com