FAX REFERRAL
605-799-8184

Office: 530.247.3733 • Fax: 605.799.8184 • 2111 Airpark Drive • Redding, CA 96001

Theodore Workman, Jr MD

Board Certified Pain Medicine,
Anesthesiology

Name: ______________________________ **Date**:______________________________

DOB: ______________ **Work Phone:** ____________________ **Home Phone**: ______________________

Chief Complaint / Diagnosis: ____

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*Referral **MUST** include all documents related to area of pain, including but not limited to:*

Diagnostic Reports:
MRI
X-Ray
CT
EMG / NCS

Most Recent:
Physician's note
Patient Demographics
Insurance Information

Records of Related Therapies:
Medication Trials
Physical Therapy

Other: ____________________

Pain Evaluation / Consultation

Interventional Therapy

Specific therapy and level(s) desired, if applicable

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Medication Management

- Make recommendations
- Assume responsibility for pain medicines

Please note, Pain Solution Center does not prescribe controlled substances on the initial visit

Other:

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Referring Physician : ________________________________Contact: ____

Therapies offered: • Epidural Injection • Facet Injection • Radiofrequency • Discogram • Therapeutic Botox • Spinal Cord Stimulator • Intrathecal Pump • Kyphoplasty / Vertebroplasty • PRP and Stem Cell Therapy • Opioid Medication Management • Trigger Point Injection • Joint Injection • Redding Opioid Recovery Medical Clinic

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