



Matrix

PAIN MANAGEMENT

CONSULTATION REQUEST

4450 Fashion Square Blvd.
Saginaw, MI 48603
Tel: (989) 792-4090

Richard Lingenfelter, M.D.
Michael Papenfuse, D.O.
Diane Czuk-Smith, M.D.

PLEASE FAX ALL REQUESTS TO : (989) 792-4094

Date: _____

Patient Name: _____ DOB: _____ SSN# _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Reason for Consultation (Diagnosis): _____

REFERRING PHYSICIAN _____ Office Phone _____

Address: _____ Fax: _____

NPI#: _____ License: _____ UPIN # _____

Primary Care Physician: _____ Office Phone _____

Address: _____ Fax: _____

INSURANCE: Please Circle (As of 1/2003, we are no longer accepting Medicaid patients)

Medicare BCBS HealthPlus BCN Work Comp Auto Commercial No Ins

Carrier Name/Adjustor: _____ Policy/Claim Number: _____

Insurance Co. Phone Number: _____ Address: _____

Requesting: () Consult only and return to physician with report () Evaluate and Treat

Previously treated by a Pain Specialist: () No () Yes, Physician : _____

Referring Physician Signature: _____

Please fax and/or mail any pertinent labs/ x-ray reports, MRI or Scan results to our attention. Any information on course of treatment or medications would be helpful.

Please indicate any special needs your patient may have, such as handicap, obesity, etc., to allow additional time to meet those needs.

Patient's Appointment Date/ Time: _____