



Pain Institute  
of Southern Arizona

Phone: (520) 999-9000 | Fax: (520) 448-3149

Please return to fax

## Referral Notice

### Patient Information

Full Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Member ID #: \_\_\_\_\_

Subscriber/Dependent:  Married  Widowed  Single

New Patient

Established Patient

### Urgent Referral

Evaluate and treat the patient within 5 business days. Note: if a referral from a PCP is needed, it could delay the scheduling process.

### Non-Emergency Referral

Evaluate and treat in our regular schedule. Average wait time: 2 weeks. Note: if a referral from a PCP is needed, it could delay the scheduling process.

Diagnosis: \_\_\_\_\_

ICD-IO Code(s): \_\_\_\_\_

Authorization #: \_\_\_\_\_ Referring Office: \_\_\_\_\_

\_\_\_\_\_  
REFERRING PROVIDER'S SIGNATURE

\_\_\_\_\_  
NPI #

\_\_\_\_\_  
DATE

### Providers:

Kevin M. Henry, MD

Vamshi Yelavarthi, MD, MPH

Please fax back this form with patient's last 3 chart notes, patient demographics, and any imaging.  
Patients will be offered a different location based on appointment availability.