Pain Management Referral

Tucson Pain Institute
6252 E. Grant Rd. Suite 150 Tucson, AZ 85712
Ph. 520.886.7246 • **Fax 520.901.2929** • Tax ID #: 46-4783086

Date: / / Referring MD:

Physician Signature (Stamp OK):

Patient Name: DOB:

Patient Phone Number:

Primary Insurance: ID#:

Secondary Insurance: ID#:

Primary Complaint:

Physician Preference:

◯ Charles R. Stevens, M.D. ◯ Jose Chavez, D.O. ◯ Sylvia Valenzuela, FNP-C

Please fax the following information to 520.901.2929

1
Patient Radiology

2
Patient Demographics

3
Medical Records including last three visits & medication list