



REFERRAL FORM

Crystal Coast Pain Management Center

Referral Phone Number: 252-636-0300
Referral Fax Number: 252-772-9994

Kirk E. Harum, MD **Zachary J. Kitchen, MD** **Angelo A. Tellis, MD**
Debi R. McCutcheon, MD **Courtney M. Auman, MD**

2111 Neuse Blvd. Suite J. 5053 Executive Dr. Unit B 34 Office Park Dr. Suite 200
New Bern, NC 28560 Morehead City, NC 28570 Jacksonville, NC 28546

Patient Name: _____ DOB: _____

To Dr.: _____ From Dr.: _____

PLEASE INCLUDE PATIENT DEMOGRAPHICS, OFFICE NOTES, AND IMAGING.

Workers' Compensation Injury Yes _____ No _____ Motor Vehicle Injury Yes _____ No _____

CONSULTATION:

If a consult is requested, please check all the following medical conditions for which the consult is requested:

- _____ Low Back Pain _____ Headaches _____ Pain in Limb
- _____ Neck Pain _____ Myofascial Pain _____ Thoracic Pain
- _____ Medication Management _____ Complex Regional Pain Syndrome
- _____ Other (specify): _____

CONSULT FOR PROCEDURE:

If a consult for a procedure is requested, please check all the following that apply:

- _____ Epidural Steroid Injection _____ Discography (lumbar, thoracic, cervical)
- _____ Sacroiliac Joint Injection _____ Selective local anesthetic diagnostic block
- _____ Spinal Cord Stimulator _____ Selective Transforaminal Epidural Injection
- _____ Facet Block/Injection _____ Other (specify) _____

*******FAST TRACK*******

Urgent Consultation & Injection

Please circle FAST TRACK and/or call our office for availability.
 We will try to work the patient as quickly as possible.