



BLUE RIDGE PAIN MANAGEMENT

3 Walden Ridge Drive, Suite 100 • Asheville, NC 28803 • (828) 350-9310

Ken Barrow, PA-C, MHS

Charles Buzzanell, MD

Chris Campbell, PA-C

Please complete this form and fax to: (828) 350-9311
(Include Office Notes, Imaging and Studies.)

Referring Physician/Practice

Phone

Fax

PATIENT INFORMATION

Last Name

First Name

MI

DOB

Address

City

State

Zip Code

Home Phone

Alternative Phone

E-mail

DIAGNOSIS / CHIEF COMPLAINT REGION:

Lumbar Cervical Thoracic Headache Other: _____

We Do Not Accept Medicaid

INSURANCE INFORMATION

Primary Insurance Company Name

Policy #

Group #

Secondary Insurance Company Name

Policy #

Group #

PROCEDURE (If Known) **

- Epidural Steroid Inj
 Transforaminal Epidural Inj
 Facet joint Inj
 SI Joint Inj
 Sympathetic nerve block
 Radio Frequency Ablation
 Spinal Cord Stimulation
 Sphenocath

Other _____

****Please note initial evaluation appointment will be required prior to scheduling a procedure and we do NOT prescribe analgesics at first visit****