



BLUE RIDGE PAIN MANAGEMENT

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

Ken Barrow, PA-C, MHS

Charles Buzzanell, MD

Jheri Rea, 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) **

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Epidural Steroid Inj | <input type="checkbox"/> Transforaminal Epidural Inj | <input type="checkbox"/> Facet joint Inj | <input type="checkbox"/> SI Joint Inj |
| <input type="checkbox"/> Sympathetic nerve block | <input type="checkbox"/> Radio Frequency Ablation | <input type="checkbox"/> Spinal Cord Stimulation | <input type="checkbox"/> Sphenocath |

Other _____

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