



# BLUE RIDGE PAIN MANAGEMENT

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

**Charles Buzzanell, MD    Jacob Flury, DO**

**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\*\***