

Clinic Locations ► Please choose a location.

Dallas/Uptown
4225 Office Parkway, Suite 200
Dallas, TX 75204

Plano/Frisco
6200 Preston Road, Suite 400
Plano, TX 75024

Fort Worth
6850 Manhattan Blvd, Suite 515
Fort Worth, TX 76120

Patient Information ► Please complete each section.

Today's Date:

Date of Injury (if applicable):

Patient's Full Name:

Patient's Date of Birth (DOB):

Gender: **Male** **Female**

Cell Phone Number:

Home Phone Number:

Preferred Method of Contact:

Insurance:

Policy Number:

Referring Providers Information ► Please complete each section.

Physician's Name:

Clinic or Facility Name:

Clinic Phone Number:

Fax Number:

Reason for Referral ► Please specify the body part affected.

Interventional Pain Management

<input type="checkbox"/> Hand/Upper Extremity	<input type="checkbox"/> Knee
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Neck
<input type="checkbox"/> Hip	<input type="checkbox"/> Mid-Back
<input type="checkbox"/> Elbow	<input type="checkbox"/> Low Back
<input type="checkbox"/> Foot/Ankle	<input type="checkbox"/> Other: _____

Diagnosis/Symptoms:

Orthopedic/Spine Consultation

<input type="checkbox"/> Hand/Upper Extremity	<input type="checkbox"/> Knee
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Neck
<input type="checkbox"/> Hip	<input type="checkbox"/> Mid-Back
<input type="checkbox"/> Elbow	<input type="checkbox"/> Low Back
<input type="checkbox"/> Foot/Ankle	<input type="checkbox"/> Other: _____

Diagnosis/Symptoms:

Neurosurgery

<input type="checkbox"/> Radiculopathy
<input type="checkbox"/> Herniated Disc
<input type="checkbox"/> Spine Surgery Consultation
<input type="checkbox"/> Other: _____

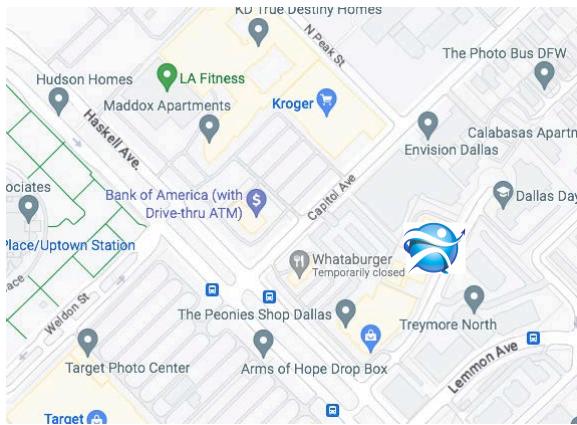
Diagnosis/Symptoms:

Special Comments or Additional Information

Please send demographics and office notes with your referral.
If patient had imaging, please request patient to arrive with imaging CD (X-Ray/MRI/CT)

Thank you for your referral!

Clinic Locations & Directions

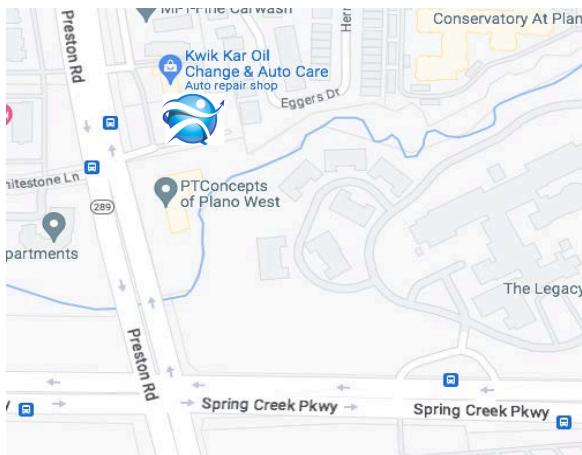


Dallas/Uptown Clinic

**4225 Office Pkwy.
Suite 200
Dallas, TX 75204**

Directions:

On Haskell Avenue, turn into Office Pkwy. The main building will be on the left. Epic Pain & Orthopedics is located on the second floor.

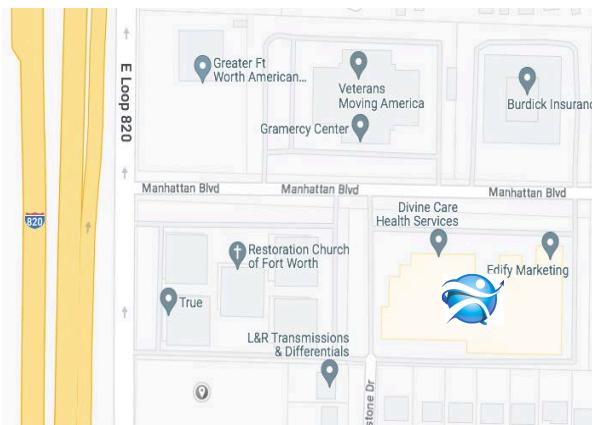


Plano Clinic

**6200 Preston Road
Suite 400
Plano, TX 75024**

Directions:

Located north of the corner intersection of Preston Road and West Spring Creek Pkwy.



Fort Worth Clinic

**6850 Manhattan Blvd
Suite 515
Fort Worth, TX 76120**

Directions:

Located off the service road of E Loop 820 behind the Restoration Church of Fort Worth.

Phone: (469) 778-EPIC (3742) • Fax: (469) 405-EPIC (3742)
For questions and directions, please call or visit us online at
www.epicpainandortho.com