



Please fax this Referral Form to: 618-288-2077
Attention: New Patient Scheduling
618-288-6722 Ext: 2206
Dr. Wynndel T. Buenger

Date: _____ Clinic Location: **Alton IL Maryville IL Swansea IL**

Referring Provider: _____ Referring Provider NPI: _____

Referring Provider Phone: _____ Referring Provider Fax: _____

Patient Name: _____ Patient DOB: _____

Patient Phone: _____

Patient Address: _____

Patient Insurance: Primary _____ Secondary _____

Diagnosis: _____

Check All That Apply:

- Evaluate / treat as you deem appropriate Kyphoplasty Consultation
 Medication Management Taking Over Medication Management: Yes or No
 Special Request _____

Request a Procedure:

- Epidural Injection Series Facet Injection / Medial Branch Block Radio Frequency Ablation
 SI Joint Injection Trigger Point Injection Joint Injections Bursa Injection
 Transforaminal Epidural Selective Nerve Root Blocks Spinal Cord Stimulator Trial
 Occipital Nerve Block Sympathetic Nerve Blocks Pain Pump Dorsal Root Ganglion
 Stimulator Other _____

Submit the Following Documentation with Referral:

- Demographic Sheet Recent Imaging Last 3 Office Visit's
 Copy of Insurance Card or Work Comp Information Insurance Referral, if required

Referring Provider Signature: _____ Date: _____

Thank you for your referral to Interventional Pain Consultants, IPC. We appreciate your support and trusting us with your patients.