



FAX REFERRAL FORM

FAX: 913-676-7692

PHONE: 913-676-2370

AdventHealth Shawnee Mission- Pain Specialists

Shawnee Mission Location

7315 E Frontage Road, Suite 140
Shawnee Mission, Kansas 66204

Lenexa Location

23351 Prairie Star Pkwy, Suite A145
Lenexa, Kansas 66227

In order for us to most efficiently schedule your patient, please fax all of the following:

- Patient Demographics
- Copy of Insurance Card (Front and Back)
- Most Recent Physician’s Notes
- Current Medication List
- Reports on Diagnostic Studies (MRI, CT, Myelogram, EMG, X-ray, etc.)

Referring Physician Info

Referring Physician:_____

Referring Physician Phone#_____Fax#_____

Patient Info

Patient Name:_____Date:_____

DOB:_____Home phone#:_____

Work Phone#:_____Cell Phone#:_____

PLEASE CHECK THE APPROPRIATE BOX(ES) AND SIGN BELOW.

Consult and Treat as Necessary

Interventional Procedural Request Only

Procedure Requested:_____

Requesting Physician’s Signature

Requesting Physician’s Signature