



**W. Eric Brown, APRN, CRNA,
NSPM-C**
NBCRNA Certified in Anesthesiology
and Sub-specialty Non-Surgical Pain
Management

For Worker Comp please Include:

- Claim Number _____
- Case Worker _____
- Phone Number _____

*If any questions regarding referral, please contact the Practice Manager:
Amy Brown, RN @ 270 982-0826*

REFERRING PROVIDER

Referring Practice & Provider: _____

Date: _____ Contact: _____

Phone Number: _____ Fax Number _____

Address: _____ City: _____ State: _____ Zip _____

PATIENT INFORMATION

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ DOB: _____ SSN: _____

Reason for Referral:

Preliminary Diagnosis: _____

- Evaluate & Treat Consult Procedure Request

Please Include The Following Documentation:

Patient Demographic Info. ●

Recent Imaging / MRI ●

Current Office Note/ H&P ●

Insurance Card ●

FAX this form and supporting documents to 1-833-471-5852