



River North Pain Management Consultants, S.C.,

Axel Vargas, M.D.,

Regional Anesthesiology and Interventional Pain Management.

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Chicago, Illinois, 60611

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Fax: (888) 961-6471  
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E-mail: admin@rivernorthpmc.com

www.rivernorthpmc.com

**Referring Physician-Fax / E-mail scheduling sheet**

**Contact person: Cristina Pop or Brittany Howard**

Cell page: (312) 961-6471 Office Phone: (888) 951-6451

Fax: (888) 961-6471 Please visit our web site for further information: [www.rivernorthpmc.com](http://www.rivernorthpmc.com)

Preferred Location:  680 N Lake Shore Drive  Water Tower  Lakeshore  Other

Referring Physician's name :

Referring physician's address:

City/Zip code:

Phone number: ( )

Fax number: ( )

Contact person's name:

Referral for: please check the procedure requested by the referring physician.

- Epidural steroid injection  Lumbar  Cervical  Thoracic  Caudal
- Selective nerve root block  Lumbar  Cervical  Thoracic  Caudal
- Transforaminal epidural injection  Lumbar  Cervical  Thoracic  Caudal
- Sacro-iliac injection
- Piriformis injection
- Intercostal block
- Facet nerve block  Lumbar  Cervical  Thoracic  Caudal
- Medial nerve block  Lumbar  Cervical  Thoracic  Caudal
- Stellate ganglion nerve blocks
- Provocative discography  Lumbar  Cervical  Thoracic
- Sympathetic nerve blocks
- Consultation only
- Other: please attach a prescription detailing the requested procedure (s)
- Patient requires Anesthesia (sedation)  Yes  No

**Please enclose copies of the History and physical, progress notes, and any X-Rays, MRI or CT reports available.**

PATIENT NAME:

DOB:

SSN:

Address:

City/ zip code:

Home Phone: ( )

Work phone: ( )

**INSURANCE INFORMATION**

(please specify if:  Work Comp. or  Litigation case)

Name of Insured:

DOB:

Group #:

ID#:

Pre-Certification/Authorization #:

Deductible: \$

Co-Insurance information:

If Work Comp: Date of accident:

Claim #:

Company Insured works for

Phone: ( )

Allergies:

Medications:

Is the patient on any anticoagulants, i.e. Coumadin, Aggronox, Plavix, Ticlid, Heparin, etc.

**OFFICE USE ONLY**

Confirmed with referring Office by:

Scheduled for:

(date and time)

Initial Phone Call with Patient on:

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Chicago, IL. 60611

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