Provider Referral

PHONE: 563-344-1050
FAX: 563-424-4579

JOHN B. DOOLEY, M.D.

PAIN CENTERS of IOWA P.C.
relief within reach

Please select a location:
☐ 903 Oak St., Burlington, IA ☐ 5515 Utica Ridge Rd #600, Davenport, IA

Please fax pertinent notes and imaging with this provider referral form. Inquiries can be emailed to scheduling@pcipain.com. We look forward to assisting your patients.

Patient Name: _____ Today's Date: _____

Home#: _____ Cell#: _____ Work#: _____

Insurance Carrier: _____ Date of Birth: _____

REQUESTING PROVIDER INFORMATION:

Name: _____ Specialty: _____

Phone#: _____ Fax#: _____

DIAGNOSIS:

☐ Cancer ☐ Sacroiliitis ☐ Migraine ☐ Low Back/Radicular Pain
☐ Cervical/Radicular Pain ☐ Discogenic Pain ☐ CRPS/RSD ☐ Peripheral Neuropathy
☐ Compression Fx ☐ Facet Pain ☐ Nerve Pain ☐ Stenosis/Neurogenic Claudication

Other _____

REQUESTED SERVICE: *(please select)*

☐ Interventional Consultation:

Is the patient taking an anti-coagulant? _____ Name: _____

☐ Medical Management:

Opioids trialed: _____ If yes, how long? _____

☐ Evaluate and Treat

Specific pain location: _____

PROCEDURE: *(please select)*

☐ Epidural Steroid Injection (Lumbar, Thoracic, Cervical)
☐ Facet Joint Block/Medial Branch Block
☐ RF Rhizotomy/Nerve Ablation
☐ Platelet Rich Plasma Regeneration
☐ Intrathecal Pain Pump
☐ Selective (Diagnostic) Nerve Block: Level(s) _____
☐ Joint Injections: _____
☐ Stellate Ganglion Block
☐ Lumbar Sympathetic Block
☐ Spinal Cord Stimulator
☐ Vertebroplasty/Kyphoplasty
☐ Peripheral Nerve Blocks
☐ Orthovisc Injections
☐ Ketamine Infusion