



Referral Fax Form

Muhammad Munir, M.D.
Phillip Pham, D.O.
7760 W. VOA Park Drive Suite D
West Chester, Ohio 45069
Phone:513-860-0371 Fax:513-860-1710

Patient Information

Name: _____ DOB: _____

Address: _____

Home phone: _____ Alternative phone: _____

Insurance Information: _____

Reason for Referral/ Diagnosis

- | | | |
|--|---|---|
| <input type="checkbox"/> Low Back Pain | <input type="checkbox"/> Lumbar DDD/Disc Herniation | <input type="checkbox"/> Vertebral Body Fracture |
| <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Cervical DDD/Disc Herniation | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Knee Pain | <input type="checkbox"/> Post Herpatic Neuralgia | <input type="checkbox"/> Medication Failure or adjustment |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Trigeminal Neuralgia | <input type="checkbox"/> Opioid Addiction |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Cancer Pain Management | <input type="checkbox"/> Hip pain |
| <input type="checkbox"/> Other: _____ | | |

Treatment

- | | |
|--|--|
| <input type="checkbox"/> Consultation and Treatment | <input type="checkbox"/> Consult only |
| <input type="checkbox"/> Lumbar Epidural Steroid Injection | <input type="checkbox"/> Cervical Epidural Steroid Joint Injection |
| <input type="checkbox"/> Radiofrequency Ablation | <input type="checkbox"/> Knee Injection |
| <input type="checkbox"/> Hip Injection | <input type="checkbox"/> Shoulder Injection |
| <input type="checkbox"/> Diagnostic Discography | <input type="checkbox"/> Acupuncture |
| <input type="checkbox"/> Selective Nerve Root Block | <input type="checkbox"/> Osteopathic Manipulation |
| <input type="checkbox"/> Vertebroplasty/ Kyphoplasty | <input type="checkbox"/> Spinal Cord Stimulator |
| <input type="checkbox"/> EMG | <input type="checkbox"/> Sympathetic Block |
| <input type="checkbox"/> Other _____ | |

Requesting Physician

Name of Referring Physician: _____

Office number: _____ Fax number: _____

Physician requested: Muhammad Munir, MD Phillip Pham, DO First Available

Please fax most recent MRI/CT scan report, insurance information, and last office note along with the referral.