



Pain Clinic of Shelby

REFERRAL PHONE: **1-800-605-3418**

REFERRAL FAX: **1-800-518-6271**

Locations patient would prefer (check the box to select):

- 825 S. Washington St. Shelby, NC 28150 *Suboxone Treatment Available
- 16511-A Northcross Dr. Huntersville, NC 28078 *Suboxone Treatment Available
- 1503 E. Broad St. Statesville, NC 28625

Date of Referral: _____

Referral Contact: _____

Referring Physician: _____ NPI: _____

Office Fax: (_____) _____ Office Phone: (_____) _____

Patient Name: _____

Patient DOB: _____ Patient Phone: (_____) _____

Chief Complaint: _____

Please include the following:

- _____ Patient insurance information and demographics
- _____ Any PCP records and labs (6-12 months)
- _____ Any imaging studies of pain area
- _____ Any surgical/ortho reports on pain area
- _____ Drug Screen results
- _____ Records from any pain clinic they were seen at previously