Twin Cities Pain Clinic

952-841-2345
Fax: 952-841-2346

952-204-3500
Fax: 952-856-2644

MEDICAL RECORDS NEEDED! Please fax last 6 months of office notes and radiology reports to: 952-841-2346

PATIENT INFORMATION

Name: ______________________

Phone # ______________________

Date of Birth: ______________________

☐ TCPC will call patient to schedule
☐ Patient will call to schedule

☐ **Procedure only**

☐ **TCPC Consultation for Evaluation, Treatment and Medication Management**

REFERRING PROVIDER INFORMATION

Name: ______________________

Phone # ______________________

Signature: ______________________

Clinic Name: ______________________

INSURANCE INFORMATION

Primary Insurance: ______________________ Secondary Insurance (if applicable): ______________________

Policy Number: __________ Group Number: __________ Policy Number: __________ Group Number: __________

Patient will be billing: ______________________ ☐ Worker's Compensation (Prior Authorization is Required) ☐ Automobile Insurance

INTERVENTIONS (PROCEDURE ONLY - AN ORDER MUST BE ATTACHED TO THIS REFERRAL FOR ANY REQUESTED PROCEDURE)

THERAPEUTIC INJECTIONS

Epidural Steroid
Posterior interlaminar approach
☐ Cervical __________
☐ Thoracic __________
☐ Lumbar __________

Epidural Steroid
Transforaminal approach
☐ Lumbar __________

Facet Joint Steroid
☐ Cervical __________
☐ Thoracic __________
☐ Lumbar __________

Sympathetic Blocks
☐ Stellate __________
☐ Lumbar __________
☐ Other __________

☐ **Sacroiliac Joint Injection**
{ R L Bilateral}

☐ **Peripheral Nerve Block**
{ R L Bilateral}

☐ **Pudendal Nerve Block** __________

Ultrasound Guided Joint Injection
☐ Shoulder __________
☐ Hip __________
☐ Knee __________
☐ Epicondyle __________
☐ De Quervain's __________
☐ Greater Trochanteric Hip Bursa __________

DIAGNOSTIC INJECTIONS

Selective Nerve Root Block
☐ Cervical Levels: __________
☐ Thoracic Levels: __________
☐ Lumbar Levels: __________

Facet Nerve Block
☐ Cervical Levels: __________
☐ Thoracic Levels: __________
☐ Lumbar Levels: __________

SPECIAL PROCEDURES

Radiofrequency Nerve Ablation (after diagnostic testing completed)
Level: __________

Implantable Trials
☐ Spinal Cord Stimulator
☐ Intrathecal Pump

☐ TCPC Provider to determine procedure and level

PHYSICAL THERAPY

☐ Evaluate & Treat ☐ Postural Restoration Therapy

COMMENTS / INSTRUCTIONS:

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TWIN CITIES SURGERY CENTER	TCPC EDINA	TCPC MAPLE GROVE	TCPC WOODBURY
7211 Ohms Ln Edina, MN 55439	7235 Ohms Lane Edina, MN 55439	7270 Forestview Ln N # 100, Maple Grove, MN 55369	650 Commerce Drive, Suite 153 Woodbury, MN 55125