



PHYSICIAN REFERRAL

Mercyhealth Pain Center-Janesville
1000 Mineral Point Ave.
Janesville, WI 53548
(608) 756-6049
Fax (608) 756-6521

Mercyhealth Pain Center-Walworth
Hwys. 50 and 67
Lake Geneva, WI 53147
(262) 245-0535
Fax (262) 245-2248

Mercyhealth Pain Center-Harvard
901 Grant St.
Harvard, IL 60033
(815) 943-8090
Fax (815) 943-2188

Patient information

Name _____
Address _____
City _____ State/ZIP _____
Birthdate _____
SS # _____
Home phone (_____) _____
Work phone (_____) _____
Cell phone (_____) _____

Insurance provider _____
Subscriber/ID# _____
2nd insurance _____
Subscriber/ID# _____

Requesting provider information

Name _____
Address _____
City _____ State/ZIP _____
Phone (_____) _____
Fax (_____) _____

Primary medical provider (if different from above)

Name _____
Phone (_____) _____

Date of request _____

All worker's compensation patients must include:

Date of injury _____
Claim number _____
Name of WC insurance carrier _____
Name of caseworker _____
Caseworker phone (_____) _____

Services requested:

____ Consult for interventional therapy

____ Consult for medication management

Please include recent office notes pertaining to current pain problem and MRI, CT of the corresponding area of spine. **MUST** include current (within 3 months) H&P and medication list.

NOTE: We do not provide detoxification or addiction management services.

Thank you. We will notify you when an appointment is scheduled, and will send a complete report soon after the patient is seen. We look forward to working with you.