PEAK
HEALTH & WELLNESS

Referral for Pain Management

Patient Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____

Insurance: _____

Referring Provider: _____

Diagnosis: _____

_____

Provider Signature: _____

Please Attach:

1 – 3 Recent Office Visit Notes
Radiology
Lab Results

Please Fax Referral to 801-689-2320

Questions? Please Call 801-689-3389

INTEGRATED PAIN
Consultants

Address 2850 N. 2000 W. #203, Farr West, UT 84404 **Phone** 801.689.3389 **Fax** 801.689.2320