



Rodney D. Rodrigo, M.D.
Nikhil Patel, M.D.
10730 Ketchum Valley Dr.
Riverview, FL 33579
Phone: (813)331-4465
Fax: (813)280-4855

REFERRAL FORM

Thank you for your referral to Interventional Pain Specialists of Southwest Florida. Please complete this Referral Form and fax it to **(813)280-4855** along with any pertinent patient records such as History and Physical, Office Notes, Imaging Studies (X-rays, CT scans, MRI), Consultations and NCS/EMG results.

PATIENT INFORMATION:

Patient Name: _____ DOB: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Insurance: (Primary) _____ (Secondary) _____

Worker's Comp: Yes No If Yes, Date of Accident: ____ / ____ / ____

Auto Accident: Yes No If Yes, Date of Accident: ____ / ____ / ____

Reason for Referral:

Evaluation and Treatment Diagnosis: _____

Procedure

Medication Management/Recommendations

Other: _____

Appointment Time: Urgent First Available

REFERRING PHYSICIAN INFORMATION:

Physician Name: _____ Date: _____

Phone: _____ Fax: _____

Comments: _____