www.advantagepaindoctor.com
4242 E. Southcross, Ste. 8
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Referral Request

Sarah Trampota, M.D.
Fellowship in Pain Management
Diplomate of the American Board of Anesthesiology
Subspecialty Certification in Pain Medicine

Ph: 210-359-6000
Fax: 210-359-6073

Date: ____________________

Patient Name: ______________________________ ☐ Male ☐ Female

DOB: ____________________ Phone#: ____________________

Insurance Plan: ____________________ Cell phone#: ____________________

Member Id#: ____________________ Address: ____________________

____________________ ____________________

Chief Complaint: ______________________________

Diagnosis: ______________________________

Referring Physician: ____________________ NPI: ____________________

Referring Physician Fax: ____________________ Phone#: ____________________

Primary Care Physician: ____________________ NPI: ____________________

Referral/Authorization #: ______________________________

Requests

☐ Evaluate and Treat: ______________________________

☐ Interventional Procedure: ______________________________

☐ Consultation Only

☐ Other: ______________________________

We request that you fax this form along with all patient information to 210-359-6073.

Please be sure to include:

☐ **A copy of insurance card (front and back sides)**

☐ **Demographics**

☐ Recent office notes

☐ MRI/CT/XRAY reports

☐ EMG 's

☐ Operative Notes from related surgeries