McLaren FLINT

Pain Management Clinic
Phone (810)342-4881 • Fax (810)342-5545
G-3200 Beecher Road • Suite O2 • Flint, MI 48532

Referral Date: _____

Referring Provider: _____

Referring Office Phone: _____

Referring Office Fax: _____

Patient Name_____ DOB_____ Phone _____

	Primary Insurance	Secondary Insurance
Payer		
Name of Insured		
Policy #		
Group #		

Demographics do not need to be filled in if you are including your electronic version

1. **Reason for Referral/Diagnosis**: _____

_____

Please attach the following documents (if available):

1. Most recent office visit note
2. Current medication list
3. Imaging reports (*preferred but not required*): MRI, CT, XR, EMG

Please Note: For patients currently prescribed Opioid Pain Medication-- the Pain Clinic Provider will assess for safe dosing of Opioids. The dose, strength, and/or frequency of a currently prescribed medication may be adjusted.