



# INTEGRATED

## PAIN AND NEUROSCIENCE

2801 Napoleon Ave, New Orleans | 2965 Gause Blvd. Suite 200, Slidell | 3901 Houma Blvd. Suite 113, Metairie

[www.PainIsAPuzzle.com](http://www.PainIsAPuzzle.com)

Phone: (504) 300 - 9020 | Fax: (504) 300 - 9021

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- Eric I. Royster, M.D. Board Certified Pain Medicine, Anesthesiology & Acupuncture
  - A.J. Friedman, M.D. Neurology & Acupuncture
  - Andrea O'Leary, M.D. Board Certified Adult & Child Psychiatry
  - Michael Francis, M.D. Board Certified Pain Medicine & Anesthesiology
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### Consultation Request Form

Patient's Name:		Insurance:	
Date of Birth:			
Phone number (home):	Phone number (work):	Phone number (cell):	
Needs to be seen: <input type="checkbox"/> ASAP <input type="checkbox"/> Within 1 week <input type="checkbox"/> Other, please explain:			
For: <input type="checkbox"/> Evaluation <input type="checkbox"/> EMG/NCS <input type="checkbox"/> Evaluation and Treatment <input type="checkbox"/> Post Op Pain Management			
Patient Preliminary Diagnosis, Symptoms or Signs: (This section should also be used to list any tests or procedures performed for this patient presenting problems.)			
Requesting Physician/Provider name:			
Phone:			
*Fax:			
*Required Field			

**Fax this form to (504) 300-9021, or email to [referrals@painisapuzzle.com](mailto:referrals@painisapuzzle.com)**

*Please send medical records with this form.*

FOR INTEGRATED PAIN & NEUROSCIENCE OFFICE USE ONLY:

Patient is scheduled for a office visit / procedure with Dr. \_\_\_\_\_ on: \_\_\_\_ / \_\_\_\_ / 2017 at \_\_\_\_\_ am/pm.