



INTEGRATED

PAIN AND NEUROSCIENCE

2801 Napoleon Ave, New Orleans | 3901 Houma Blvd. Suite 113, Metairie

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
 - Domenick Grieshaber, M.D. Board Certified Pain Medicine & Anesthesiology
 - Michael Francis, M.D. Board Certified Pain Medicine & Anesthesiology
 - A.J. Friedman, M.D. Neurology & Acupuncture
 - Andrea O'Leary, M.D. Board Certified Adult & Child Psychiatry
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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

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.