

Referral for Pain Management



Lovelace Women's Hospital Pain Clinic
101 Hospital Loop Dr., Suite 109
Albuquerque, NM 87109
Pho: 505.727.4400
Fax: 505.727.9379

Lovelace UNM Pain Clinic
500 Walter Street NE, Suite 213
Albuquerque 87102
Pho: 505.727.7177
Fax: 505.727.3778

PLEASE FAX THIS FORM, DICTATION NOTES FROM THE PATIENT'S LAST THREE PROVIDER VISITS AND ANY RELEVANT IMAGING TO 505.727.9900.

Date of referral: _____ Taken by: _____

Patient name: _____ Phone number: _____ - _____ - _____

DOB: _____ SS#: _____

Address: _____

City: _____ State: _____ Zip: _____

Referring physician: _____ Phone #: _____

Primary physician: _____ Phone #: _____

Provider requested: _____

Procedure/Appointment type: _____

Diagnosis: _____

History: _____

Anticoagulation therapy: _____ Manager's name: _____

Diabetes: _____

MRI: _____ Date: _____ Where?: _____

X-ray: _____ Date: _____ Where?: _____

YES NO Last clinic note and imaging reports included?

INSURANCE

Primary insurance: _____ ID#: _____ Group#: _____

Secondary insurance: _____ ID#: _____ Group#: _____

WE GLADLY ACCEPT MOST INSURANCE PLANS, We accept most major insurance plans, including Blue Cross and Blue

Shield of New Mexico, TRICARE, Medicare, Centennial/Medicaid, Presbyterian Centennial Care, New Mexico Health Connections, True

Health New Mexico, Western Sky Community Care and United Retiree Health Care Authority and many others.

Provider Signature Date

