



OMEGA PAIN MANAGEMENT

IGOR SMELYANSKY, MD

Board Certified Interventional Pain Management Physician

6348 Lonas Spring Drive,

Knoxville, TN 37909

Phone: (865) 337-5137

Fax: **(888) 839-6922**

www.omegapaindoctor.com

REFERRAL FORM

Date _____ / _____ / _____ Contact _____

Referring Provider _____ NPI _____

Clinic address _____

Phone (_____) _____ Fax (_____) _____

Patient Name _____ DOB _____ / _____ / _____

Patient SS # _____ - _____ - _____ Diagnosis: _____

Patient Home #(_____) _____ - _____ Patient Cell #(_____) _____ - _____

Pt Address _____

Insurance _____ ID # _____ Group # _____

Have you attached the following:

Please check:

Patient demographics form

Insurance card(s) copies (both sides)

Last **1-2** office notes

Recent Xrays/CT/MRI/surgical reports related to pain* ***Patient may not be scheduled without imaging.**

Please visit our website www.omegapaindoctor.com for up to date information on accepted insurances and downloadable forms.

OFFICE USE ONLY:

Patient has an appt scheduled with us on _____ @ _____

Patient has not been accepted into our practice due to: _____