

## **Omega Interventional Pain Clinic**

3838 South 700 East, Ste 300A Salt Lake City, UT 84106 Ph: 801-261-4988 Fax: 801-269-9425

## **New Patient & Fast Track Referral Form**

Please mark the appropriate Indication(s) or Procedure requiring Fast Track.

| New Patient                       |   | Fast Track |
|-----------------------------------|---|------------|
|                                   | Neurosurgery Referral   Spinal Fusion   Spinal Nerve Decompression   Discectomy   Disc Replacement   Spinal cord stimulators   Intrathecal pain pumps   Vagal Nerve Stimulator   Other: |            |
|                                   | Phone num   |            |
| Patient name:                     |   | _DOB:      |
| Patient phone:                    |   | _          |
| Formal Referral<br>Demographic sl | g information with this referral form for<br>heet including insurance information   |            |

\_ Initial history and physical and last 5-6 office visit notes

The most recent copy of MRI/CT scans or any image reports

Please Fax the completed form and other information as requested to: (801) 269-9425

## Pain Management

- Steven Pulley, MD
- \_\_\_\_ Corey Dahl, PA-C
- \_\_\_\_ Tracy Holley, PA-C
- Paula Weaver, PA-C

\_\_\_\_ Jessica Gentile, PA-C

## Neurosurgery

David Min, MD