



Omega Interventional Pain Clinic

3838 S.700 E. 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

Pain Management Referral

- ___ Cancer Pain
- ___ Neck Pain
- ___ Back Pain
- ___ Sacroiliac Pain
- ___ Complex Regional Pain Syndrome
- ___ Nerve Pain
- ___ Neuralgia/Neuropathy
- ___ Phantom Limb Pain
- ___ Joint Pain
- ___ Trigger Point Injection
- ___ Spinal Cord Stimulator
- ___ Other: _____

Fast Track Procedure

- ___ Epidural Steroid Injections
- ___ Selective Nerve Root Blocks
- ___ Sacroiliac Joint Injection
- ___ Facet/Medial Branch Blocks
- ___ Radio Frequency Ablation
- ___ Sympathetic Block
- ___ Stellate Ganglion Block
- ___ Hypogastric Plexus Block
- ___ Celiac Plexus Block
- ___ Spinal Cord Stimulator
- ___ Other: _____

Referring physician: _____

Referring Office/Clinic: _____

Office contact person: _____ Phone number: _____

Patient name: _____ DOB: _____

Patient phone number: _____

Please include the following information with this referral form for expedited scheduling:

- ___ Formal Referral
- ___ Demographic sheet 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