



Southwest Pain Group

Put your Pain in the Past.

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Patient Referral

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Referring MD: _____

NPI #: _____

Patient Name: _____

Phone: _____

Today's Date: _____

Time: _____

Routine

ASAP

Urgent

Pain Evaluation (Opinion Only)

Evaluate and Treat

Medication Management

Procedure Only

Other: _____

Selective Root Block(s)

L - R Level: _____

L - R Level: _____

Facet Injection

L - R Level: _____

Pars Injection

L - R Level: _____

Discogram

Level: _____

ESI Series, Lumbar

ESI Series, Cervical

ESI Level X @ _____

S.I. Joint: R L

Other: _____

Special Instructions: _____

Pain Mapping

Level: _____

****Please send patient demographics and office notes with this patient referral form****