

Referral Cover Sheet

To: Pain Management Associates

Fax: 877-892-9679

From: Referring Provider- _____

Contact Name- _____

Phone #: _____ Fax #: _____

Patient's Name: _____ DOB: _____

Referring to: Dr. James Sigler (Interventional Pain Management) Wichita only

Dr. Thomas Frimpong (Neurosurgeon)

Preferred Clinic: Wichita Liberal Dodge City Garden City

Please include the following when referring a patient:

- Patient Demographics
- Copy of Insurance Card/Insurance Information
- Recent Office Notes (1-3 notes)
- MRI/CT Reports of area being treated
- Recent physical therapy notes

Your referral is greatly appreciated!!