



**FAST TRACK SCHEDULING**  
*Direct Fax: (916) 218-6273*

**ADRIAN BIRLADEANU, M.D. BOARD  
CERTIFIED IN PAIN MANAGEMENT  
BOARD CERTIFIED IN PHYSICAL MEDICINE & REHABILITATION**  
5255 Elkhorn Blvd.  
Sacramento, CA 95842  
Phone: (916) 281-2255

**PAIN MANAGEMENT REFERRAL**

Date: \_\_\_\_\_

Type of Service Requested:     Consultation     Evaluate & Treat     Interventional Pain Management

Other (please specify): \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Diagnosis/ ICD: \_\_\_\_\_

Service/Specialty Requested: \_\_\_\_\_

**REFERRING PROVIDER INFORMATION:**

Referred by (MD): \_\_\_\_\_ Medical Group: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ PCP: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

This form completed by: \_\_\_\_\_ Phone: \_\_\_\_\_

**PATIENT INFORMATION (Please provide copy of patient demographics/face sheet):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_  Female /  Male

Address: \_\_\_\_\_

City/ Zip: \_\_\_\_\_

Insurance:     W/C     Lien     Medpay     PPO     Other

Attorney Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Work Comp Carrier \_\_\_\_\_ Claim #: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

WC Adjuster: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Needs interpreter?     No/  Yes: Language \_\_\_\_\_

**DOCUMENTATION REQUIRED (Please fax with this form):**

Recent/relevant typed clinical notes/test results, I.e. history & physical, MRI/Ct/X-rays results

Proof of insurance

Authorization information (if required)

**Allmed Howe**

701 Howe Ave, Suite C  
Sacramento, CA 95825  
Phone: (916) 972-1100  
Fax: (916) 800-7540

**Allmed Elkhorn**

5255 Elkhorn Blvd  
Sacramento, CA 95842  
Phone: (916) 334-1100  
Fax: (916) 800-7540

**Allmed Sunrise**

2485 Sunrise Blvd Suite A  
Rancho Cordova, CA 95670  
Phone: (916) 281-2251  
Fax: (916) 800-7540

**Allmed Rio Linda**

2469 Rio Linda Blvd  
Sacramento, CA 95815  
Phone: (916) 468-1100  
Fax: (916) 800-7540

**Allmed Fair Oaks**

6600 Mercy Court, Suite 260  
Fair Oaks, CA 95628  
Phone: (916) 545-6001  
Fax: (916) 800-7540

**Allmed Roseville**

729 Sunrise Ave, Suite 607  
Roseville, CA 95661  
Phone: (916) 755-0050  
Fax: (916) 800-7540