



**FAST TRACK SCHEDULING**

**Direct Fax: (916) 400-9264**

**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)

<b>Allmed Howe</b> 701 Howe Ave, Suite C Sacramento, CA 95825 Phone: (916) 972-1100 Fax: (916) 800-7540	<b>Allmed Elkhorn</b> 5255 Elkhorn Blvd Sacramento, CA 95842 Phone: (916) 334-1100 Fax: (916) 800-7540	<b>Allmed Sunrise</b> 2485 Sunrise Blvd Suite A Rancho Cordova, CA 95670 Phone: (916) 281-2251 Fax: (916) 800-7540	<b>Allmed Rio Linda</b> 2469 Rio Linda Blvd Sacramento, CA 95815 Phone: (916) 468-1100 Fax: (916) 800-7540	<b>Allmed Fair Oaks</b> 6600 Mercy Court, Suite 260 Fair Oaks, CA 95628 Phone: (916) 545-6001 Fax: (916) 800-7540	<b>Allmed Roseville</b> 729 Sunrise Ave, Suite 607 Roseville, CA 95661 Phone: (916) 755-0035 Fax: (916) 800-7540
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