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Royal Oak, MI 48067

5130 Coolidge Hwy.
Royal Oak, MI 48073

Main Phone: 248-288-9500 | Fax: 888-998-8483
www.bromg.com

Pain Management Consultation Patient Referral Form

Please follow these simple steps to refer your pain patients to our clinic:

- 1) Copy and fill out this form completely.
 - 2) Attach all the patient information requested below.
 - 3) Fax all documents to our Patient Coordinator at 888-998-8483
 - 4) Inform your patients they will be contacted by the Patient Coordinator as soon as possible.
- Your office will receive a fax after your patient's documents have been reviewed.

***Please note:** We treat patients with a wide array of pain conditions. We specialize in the treatment of spine, orthopedic and nerve. If you have any patients with pain, or complex and difficult pain issues, we are happy to review their case. A complete list of pain conditions treated in our office is listed on our website at www.bromg.com.

*Patients referred to our office will not receive any prescription until we have completed our evaluation.

Date: ____ / ____ / ____

of Pages: _____

Referring Provider: _____ MD/DO/PA/NP

Facility: _____ Fax: (____) _____

Primary Care Provider: _____ MD/DO/PA/NP

Patient Name: _____ DOB: _____

Symptoms: _____

Insurance Primary: _____

Secondary: _____

Referring
Provider NPI: _____

Specialty: _____

Phone: (____) _____

Phone: (____) _____

Phone(s): (____) _____

Dx/ICS-Code: _____

(please include photocopy)

(please include photocopy)

Send All Patient Data by: Mail Fax E-mail (fill in appropriate info) _____

I certify HIPAA compliance via this choice. _____

Information Needed With This Referral Form:

Patient demographics MRI/CT/Films reports
Insurance Card(s) copy Clinical notes
Current medications list Pertinent labs

You may contact our Patient Coordinator with any questions or concerns at:
248-288-9500 or pain@royaloakmedical.com

www.bromg.com