Montana Spine and Pain Center
Providence Medical Group
500 W Broadway, Third Floor
Missoula, MT 59802
Phone(406) 327-1670
Fax (406) 329-5697

PROVIDENCE Medical Group

FAX- Referral Form

Date: ____________ **Number of pages including cover sheet** _____

To: **Montana Spine & Pain Center-Scheduling** **Fax** **406-329-5697**

From: ______________________________________

Name of Referring Provider:______________________________

Phone: ____________________ **Fax:** __________________________

Patient Name:________________________________ **Date of Birth**:___________________

Patient Phone:_____________________

Persistent Pain Evaluations

- ☐ New Patient- Persistent Pain *
- ☐ Pain School
- ☐ Other:_________________________

*Persistent pain new patient process: Patients attend free orientation and may then choose to schedule with our psychologist for a pain focused assessment and treatment recommendations – including interdisciplinary consultation as indicated.

Spine Evaluations

- ☐ New Patient- Spine Evaluation
- ☐ Injection:
  - Left Right Bilateral
  - Location: ___________________
  - Type: ______________________
- ☐ EMG/NCS:
  - Left Right Bilateral
  - Upper Extremity Lower Extremity
- ☐ Other:________________________________

Please note, accepting a patient referral does not imply that we will assume responsibility for prescribing of any medication. All recommendations and decisions in this regard are made on a case by case basis after thorough evaluation.

The preponderance of current medical evidence suggests that chronic opioid therapy for noncancer pain is more harmful than beneficial in most patients in the long term.

CONFIDENTIALITY NOTICE

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