

Metropolitan Pain Management Consultants, Inc.

Lee T. Snook, Jr., M.D., F.A.C.P, D.A.B.P.M.

2288 Auburn Blvd., Suite #106, Sacramento, CA 95821 * Telephone: (916) 568.8338 * Fax: (916) 925.3985

WWW.PAIN-MPMC.COM

PATIENT SELF-REFERRAL FORM

Patient Name: _____ DOB: _____

Home Phone : () _____ Cell Phone: () _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Date Sent to MPMC: _____

INSURANCE: If you would like us to bill your insurance please provide the following information:

Insurance Company: _____

Policy #: _____ Group #: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ Contact: _____

Insured Person: _____ Relationship: _____

CONDITION: Give us a brief description of your condition/diagnosis: _____

SERVICE/CARE REQUESTED: Please indicate what service(s) you would like MPMC to provide :

Name and phone number of current treating or most recent treating physician:

Please have any pertinent records, including operative reports, diagnostic reports and progress notes faxed to 916.925.3985.

I authorize Metropolitan Pain Management Consultants, Inc. (MPMC) physician and any other physician or therapist who provides care or services to me to exchange information relating to my medical condition(s) with MPMC. In the event that I am hospitalized during the course of my care with MPMC, I authorize the hospital to release information to MPMC regarding any treatment provided to me.

SIGNATURE

DATE

This information is intended only for the use of the individual or entity to which it is addressed and may contain medical information that is privileged, confidential and exempt from disclosure under applicable Federal and California law. If you are not the intended recipient, you are hereby notified that any use, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication as an error, please notify the sender immediately by telephone (916) 568-8338 and return this communication to the sender at the above address or fax line (916) 925-3985. Once you have sent the communication to the sender please destroy the document. Thank you.