



# OMEGA PAIN MANAGEMENT

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## REFERRAL FORM

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Contact \_\_\_\_\_

Referring Provider \_\_\_\_\_ NPI \_\_\_\_\_

Clinic address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Patient SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Patient Home #(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Patient Cell #(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Pt Address \_\_\_\_\_

Insurance \_\_\_\_\_ ID # \_\_\_\_\_ Group # \_\_\_\_\_

Have you attached the following:

Please check:

Patient demographics form

Insurance card(s) copies (both sides)

Last **1-2** office notes

Recent Xrays/CT/MRI/surgical reports related to pain\*  **\*Patient may not be scheduled without imaging.**

Please visit our website [www.omegapaindoctor.com](http://www.omegapaindoctor.com) for up to date information on accepted insurances and downloadable forms.

### **OFFICE USE ONLY:**

Patient has an appt scheduled with us on \_\_\_\_\_ @ \_\_\_\_\_

Patient has not been accepted into our practice due to: \_\_\_\_\_