Interventional Pain Therapy
M.E. Corry MD
118 N Hospital Dr. Abbeville, La 70510
337-898-6563 (P) 337-898-6574 (Fax)

****Please attach a copy of the patient's insurance card, recent lumbar MRI report, (CT scan accepted if patient cannot have an MRI for medical reasons) (must be within 12 months) if none please order.**

Current Medication List, Medical History, Surgical History

Please Print

Patient Name:_____

Ht:_____ Wt:_____

SS#:_____-_____-_____

Current Date:_____/_____/_____

D.O.B.:_____/_____/_____

Address:_____

_____

Home Phone: (_____)_____

Cell Phone: (_____)_____

Work Phone: (_____)_____

Referring Physician:_____

Patient History

	Yes/No
Diabetes*	☐ ☐
On Blood Thinners****	☐ ☐
If yes Prescribing Physician **_____ & Medication description _____	
Previous LESI	☐ ☐
Seen Dr. Corry before	☐ ☐
Wheelchair Bound	☐ ☐

Services Requested

- ☐ Lumbar ESI 62323
- ☐ Trigger Point Injections 20553
- ☐ Illioinguinal Nerve Block 64425
- ☐ Intercostal Nerve Block 64420

Insurance

Diagnosis:_____
Nurse/Contact:_____
Phone:* (_____)_____
Fax :*(_____)_____
Other: (_____)_____
Primary Insurance
Name:_____
Member Number:_____
Group Number:_____
Phone: (_____)_____
Authorization#:_____
Member Name:_____
Secondary Insurance
Name:_____
Member Number:_____
Group Number:_____
Phone: (_____)_____
Authorization#:_____
Member Name:_____

Workman's Compensation

Diagnosis:_____
Diagnosis Code:_____
Patient Name:_____
Claim Number:_____
Adjuster:_____
W/C Carrier:_____
Phone # :(_____) _____
Fax # :(_____) _____
Date of Injury:_____/_____/_____
Authorization #:_____

Comments:_____
_____
_____
_____ **Our Office will contact the patient to schedule an appointment.**

Fax This Referral and recent MRI to:
(337) 898-6574

Your Patient Is Scheduled for:

Pre-Admit: Date _____ Time:_____

Procedure Date : _____ Time:_____