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

Attach a copy of the patient's insurance card, recent (within 12 months) lumbar MRI report, (CT scan accepted if patient cannot have an MRI for medical reasons) if none please order. **Current Medication List, Medical History, Surgical History

Current Date: _____/_____/_____

Patient Name: _____

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

Ht: _____ Wt.: _____

SS#: _____-_____-_____

Address: _____

_____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Work Phone: (_____) _____

Referring MD: _____

Nurse/Contact: _____

Phone: (_____) _____

Fax*(_____) _____

☐ **Insurance**_____

☐ **2nd** _____

☐ **Workman's Compensation**

Authorization # _____

Date of Injury: _____/_____/_____

Include WC worksheet in Fax

☐ **Attorney's Name**

_____

Diagnosis: _____

Patient History	Yes/No
Allergic to Contrast/seafood?	☐ ☐
***On Blood Thinners**_____	☐ ☐
If yes Prescribing Physician	
_____	
Seen Dr. Corry before?	☐ ☐

******NOTE*******

We DO NOT treat chronic pain

Or prescribe Narcotics

Services Requested

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

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: _____