



ADVANCED PAIN CENTERS, S.C.

Scheduling Phone: (877) 964-7246 or (847) 608-6620

Scheduling Fax: (847) 742-9458

REFERRAL

Referring Physician: _____

Date: _____ Referral for: Visit Procedure

Patient's Name: _____

Patient Phone #: _____

Patient's Insurance: _____

Procedure Requested: _____

Levels Requested for Procedure (if applicable): _____

CT Required

Comments :

Please Fax Referral & Patient Demographic Sheet to (847) 742-9458. When patient is scheduled for appointment we will fax this sheet with appointment date & time. At that time please fax MRI report, last visit note & any additional information requested.

Date of Appointment: _____

Physician: Eugene G. Lipov, M.D. Jay Joshi , M.D. Victoria Santucci, D.O.

Office Location:

Hoffman Estates Office Westmont Office Naperville Office

Procedure Location:

Alexian Brothers Hinsdale Hospital Westmont Fluoro Suite Hoffman Fluoro Suite
 Naperville Fluoro Suite Hinsdale Pain Ctr Other (Specify) _____

Date Patient/Office Called to Schedule Appointment: _____

MRI Sent Last Visit/Progress Note Sent Demo Sheet Sent

Additional Information Needed: