Greater Austin Pain Center
www.greateraustinpain.com

Alan Silberberg, MD
Timothy Bednar, MD
Board certified by the American Board of Anesthesiology in Pain Medicine and Anesthesiology

NEW PATIENT REFERRAL FORM

Patient Name:_____DOB:_____/_____/_____Date:_____

Patient Phone #:(_____)_____-_____ Address:_____

Insurance/Attorney:_____Member ID/Claim #:_____Group #:_____

*DOI (if applicable):*_____/_____/_____ *Atty Phone:* (_____)_____-_____ *Atty Fax :*(_____)_____-_____

Pain Problem/Diagnostic Codes:_____

Referring Physician:_____Ref Phone:(_____)_____-_____Ref Fax:(_____)_____-_____

Reason for referral/Rec. Procedures:_____

We accept most Attorney cases with a valid Letter of Protection and Worker's Compensation cases

Please fax a copy of the following:

- Patient's medical record and demographic information
- Recent history and physical report
- Relevant diagnostic imaging and/or radiology reports {MRI, CT, X-ray}
- Most recent office note
- Other relevant information

Locations and Contact Information:

T: 512.298.1645 ◆ F: 512.298.1795

Kyle Office: 4210 Benner Rd Kyle TX 78640

Austin Office: 5625 Eiger Rd. St 160 Austin TX 78735

Dripping Springs Office: 170 Benney Ln. St 203 Dripping Springs TX 78620

Thank You For Your Referral!