

Sharon Regional Medical Center

A STEWARD FAMILY HOSPITAL



Advanced Pain Center
Dr. Robin Molaskey
740 East State Street, Sharon, PA 16146
Phone: 725-983-5521 Fax: 724-983-5608

Referral form for INJECTIONS ONLY

Patient Name: _____ D.O.B: _____

Phone Number: _____

Referring Provider: _____ Phone: _____

When referring a patient to Interventional Pain Management please include the following information: *Please note: We cannot schedule the patient without this information.*

- Face sheet
- Latest history and physical
Note any abnormal neurologic findings
- Up to date medication list
Please include if patient is on any blood thinners: Yes or No
Specify medication prescribed and dosage: _____
(Coumadin, Effient, Eloquist, Lovenox, Plavix, or other)
- Must include either X-ray or MRI

Referral order for Pain Treatment:

Evaluate & treat (comprehensive care plan)

Epidural-Intralaminar	Approximate level:	_____
Transforaminal Epidural	Left Right Bi-lateral	Level(s)_____
Selective Nerve Root Block (diagnostic)	Left Right B-lat	Level(s)_____
Medial Branch Block/RF Ablation	Left Right B-lat	Level(s)_____
Vertebroplasty	Level(s)	_____
Spinal Cord Stimulator Trial		
Discography	Level(s)	_____

Referring Provider: _____

Provider Signature: _____ Date: _____ Time: _____

Please note there will be two attempts to contact the patient to schedule an appointment