



CAPITOL PAIN INSTITUTE

Phone **740-653-2500**

Fax **888-258-2101**

Text **740-653-2500**

Email **Help@CapitolPain.com**

Website **CapitolPain.com**

PREFERRED PHYSICIAN

Dwight Mosley MD

Steven Bhutra MD

PREFERRED LOCATION

New Albany

Pickerington

First Available

PATIENT INFORMATION

Name

DOB

Home Phone

Cell Phone

Email

PLEASE SUBMIT EACH OF THE FOLLOWING WITH REFERRAL:

Patient Demographics

Last 3 Office Notes

Imaging (If Available)

Copy of Insurance Card, Workman's Comp Information, or Attorney Information

REFERRING PROVIDER INFORMATION

Physician Name

Clinic Name

Contact Person

Phone

Email

EVALUATE AND TREAT:

Neck Pain

Back Pain

Medication management

Headaches

Pelvic Pain

Complex Regional Pain Syndrome

Failed Back Surgery Syndrome

Cancer Pain

Other: _____

EVALUATE AND CONSIDER:

Epidural Steroid Injections

Radiofrequency Ablation

Genicular Nerve Block

Spinal Cord Stimulation

Peripheral Nerve Block

Kyphoplasty

Superior

Peripheral Stimulation

Botox Therapy

Facet Joint Injections

Sympathetic Block

Stellate Ganglion Blocks

Sacroiliac Joint Injections

Other: _____

- **1509 STONECREEK DRIVE SOUTH PICKERINGTON**
- **5040 FOREST DRIVE SUITE 240 NEW ALBANY**

Questions or want more info, reach out to Paula Hartman 614-949-4932