



CAPITOL PAIN INSTITUTE

www.capitolpain.com
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PREFERRED PHYSICIAN

- James M Brent M.D. S. Matthew Schocket M.D. Richard Lingreen M.D.

PATIENT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Alternate Phone _____

DOB _____ Sex: Male Female

Insurance _____ Member ID # _____ Group # _____

Referring Physician's Name _____

Clinic Name _____ Phone Number _____

MRI CAT X-RAY Film Location(s) _____

*Procedure Precautions: Anticoagulant Diabetic Contradictions Implantable Device

EVALUATE AND TREAT:

- Neck Pain Lower Back Pain Headaches
 Face Pain Fibromyalgia Failed Back Surgery Syndrome
 Manage Chronic Pain Medicines Mid Back Pain
 Other: _____

EVALUATE AND CONSIDER:

- Epidural Steroid Injections Radiofrequency Ablation GT Bursa Injections
 Spinal Cord Stimulation Kyphoplasty Facet Joint Injections
 Peripheral Nerve Blocks Peripheral Nerve Stimulator Sympathetic Nerve Blocks
 Joint Injections Occipital Nerve Blocks Sacroiliac Joint Injections
 Genicular Nerve Blocks Injection Therapy Only *Please Send Chart Documents / Imaging
 Other: _____

Physician Signature _____ Date _____

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3841 RUCKRIEGEL PARKWAY, SUITE 104
LOUISVILLE, KY 40299

DIXIE
6801 DIXIE HIGHWAY, SUITE 135
LOUISVILLE, KY 40258