



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 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 (MME reviewed) 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
- Axon Therapy Neuralace™ Facet Joint Injections Sympathetic Block PRP
- Sacroiliac Joint Injections

Other: _____

LOCATIONS:

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

Questions or Concerns contact Paula Hartman, Physician Relations Manager at 614-949-4932