

Phone **740-653-2500**Fax **888-258-2101**Text **740-653-2500**Email **Help@CapitolPain.com**Website **CapitolPain.com**

Dwight Mosley MD					
OSteven Bhutra MD	New Albany	$\bigcirc F_i$	○ First Available		
PATIENT INFORMATION	ON				
Name			DOB		
Home Phone	Cell Phone	Email	Email		
PLEASE SUBMIT EACH OF THE FOLLOWING WITH REF			■ Imagine	· (If A:IL.)	
Copy of Insurance	ce Card, Workman's Comp Info	rmation, or Attorney	Information		
REFERRING PROVIDE	R INFORMATION				
Physician Name		Clinic Name	Clinic Name		
Contact Person	Phone	Email	Email		
EVALUATE AND TREAT	т:				
Neck Pain	O Back Pain	Medication Managemer	nt (MM E reviewed)	○ Headaches	
O Pelvic Pain	Ocomplex Regional Pain Syndrome	Failed Back Surgery Syndi	rome	O Cancer Pain	
Other:					
EVALUATE AND CONS	IDER:				
© Epidural Steroid Injections	Radiofrequecy Ablation	Genicular Nerve Block	G Spi	Spinal Cord Stimulation	
O Peripheral Nerve Block	○ Kyphoplasty	Superion		ipheral Stimulation	
O Botox Therapy	Facet Joint Injections				
		O - / p		P	
Sacroiliac Joint Injections		O Sympamone Distan		•	

LOCATIONS:

- 1509 STONECREEK DRIVE SOUTH PICKERINGTON
- Summer 2022 5040 FOREST DRIVE SUITE 240 NEW ALBANY