CAPITOL PAIN INSTITUTE

PATIENT REFERRAL FORM

colorado springs phone/text: **719-634-7246**
denver phone/text: **720-722-6500**
fax: **855-592-2816**
email: **REFERRALS@CAPITOLPAIN.COM**

PREFERRED PROVIDER

◯ Michael Harlander-Locke, DO, MPH ◯ Mark Meyer, MD ◯ Timothy Sandell, MD ◯ Zach Winkler, MD
◯ No Preference / First Available

PATIENT INFORMATION

Name _____ _____ Date of birth _____
PATIENT FIRST PATIENT LAST MM/DD/YYYY

Home phone _____ Cell phone _____

Email address _____

PLEASE SUBMIT 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

Name _____ _____ Cell phone _____
PROVIDER FIRST PROVIDER LAST

Clinic/Hospital _____ Contact person _____

Clinic phone _____ Fax Number _____

Email address _____

PLAN OF CARE

Condition Evaluation

◯ Back Pain ◯ Neck Pain ◯ Arm or Leg Pain ◯ Head or Face Pain
◯ Joint Pain ◯ Nerve Pain ◯ Pelvic Pain ◯ Gluteal Pain
◯ Sacral Pain ◯ Abdominal Pain ◯ General Body Pain ◯ CRPS
◯ Other _____

Treatment Consideration

◯ Epidural Steriod Injection ◯ Transforaminal ESI ◯ Medial Branch Block ◯ Occipital Nerve Block
◯ Peripheral Nerve Block ◯ Sympathetic Nerve Block ◯ Trigeminal Nerve Block ◯ Joint Injection
◯ Sacroiliac Joint Injection ◯ MILD Procedure ◯ Kyphoplasty ◯ Basivertebral Nerve Ablation
◯ Radiofrequency Ablation ◯ Sacroiliac Joint Fusion ◯ Targeted Drug Delivery ◯ Spinal Cord Stimulation
◯ DRG Stimulation ◯ Peripheral Nerve Stimulation (PNS)
◯ Other _____

Physician Signature _____ **Date** _____

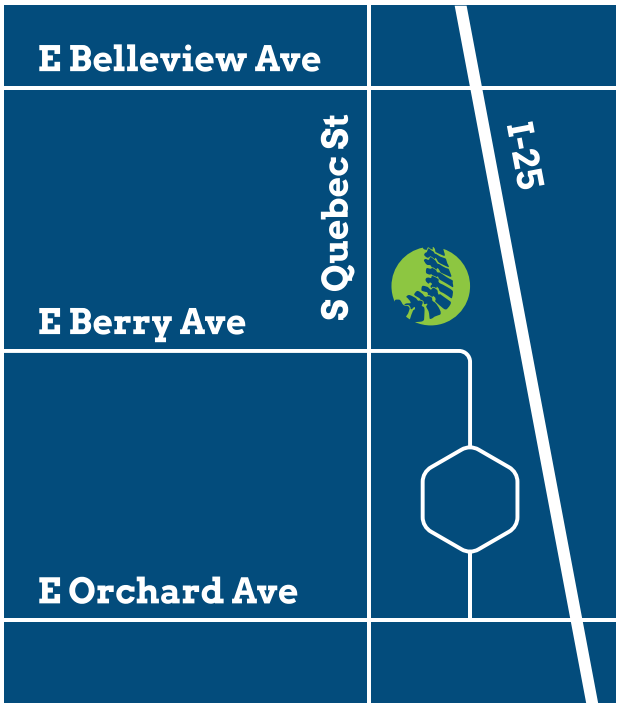
CLINIC LOCATIONS

With clinics in Colorado Springs and Denver plus an accredited, onsite surgery center in Colorado Springs, your patients have convenient access to expert pain care and a full range of treatment options.

COLORADO SPRINGS CLINIC

6025 Delmonico Drive
Colorado Springs, CO 80919
phone/text: 719-634-7246
fax: 855-592-2816

Providers at this location:
Mark Meyer, MD
Timothy Sandell, MD
Zach Winkler, MD



DENVER CLINIC

7447 E Berry Avenue, Suite 250
Greenwood Village, CO 80111
denver phone/text: 720-722-6500
fax: 855-592-2816

Providers at this location:
Michael Harlander-Locke, DO, MPH

THANK YOU FOR REFERRING YOUR PATIENTS TO CAPITOL PAIN!

CAPITOL PAIN INSTITUTE