



PREFERRED PROVIDER

- Michael Harlander-Locke, DO, MPH
 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

- | | | | |
|-----------------------------------|--------------------------------------|---|---|
| <input type="radio"/> Back Pain | <input type="radio"/> Neck Pain | <input type="radio"/> Arm or Leg Pain | <input type="radio"/> Head or Face Pain |
| <input type="radio"/> Joint Pain | <input type="radio"/> Nerve Pain | <input type="radio"/> Pelvic Pain | <input type="radio"/> Gluteal Pain |
| <input type="radio"/> Sacral Pain | <input type="radio"/> Abdominal Pain | <input type="radio"/> General Body Pain | <input type="radio"/> CRPS |
| <input type="radio"/> Other _____ | | | |

Treatment Consideration

- | | | | |
|--|--|--|--|
| <input type="radio"/> Epidural Steroid Injection | <input type="radio"/> Transforaminal ESI | <input type="radio"/> Medial Branch Block | <input type="radio"/> Occipital Nerve Block |
| <input type="radio"/> Peripheral Nerve Block | <input type="radio"/> Sympathetic Nerve Block | <input type="radio"/> Trigeminal Nerve Block | <input type="radio"/> Joint Injection |
| <input type="radio"/> Sacroiliac Joint Injection | <input type="radio"/> MILD Procedure | <input type="radio"/> Kyphoplasty | <input type="radio"/> Basivertebral Nerve Ablation |
| <input type="radio"/> Radiofrequency Ablation | <input type="radio"/> Sacroiliac Joint Fusion | <input type="radio"/> Intrathecal Pain Pump | <input type="radio"/> Spinal Cord Stimulation |
| <input type="radio"/> DRG Stimulation | <input type="radio"/> Peripheral Nerve Stimulation (PNS) | | |
| <input type="radio"/> 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.

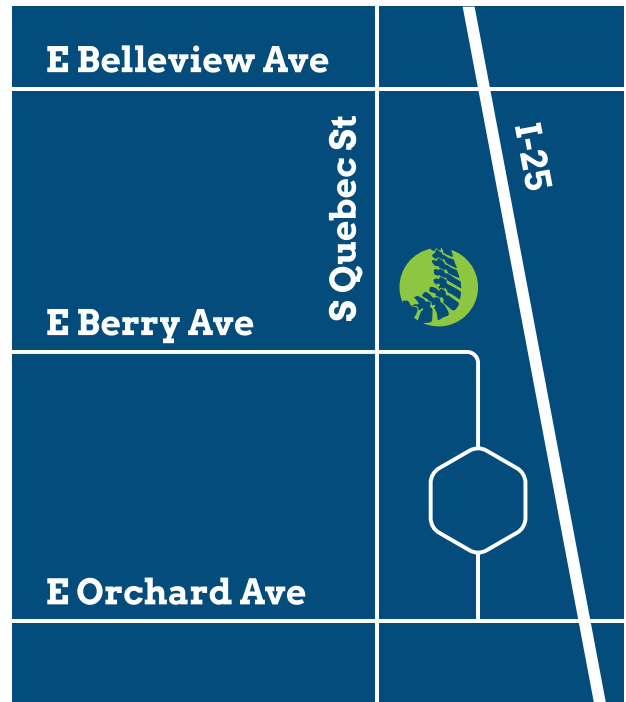


COLORADO SPRINGS CLINIC

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
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!

