



GRANGER PAIN & SPINE

Double-Board Certified Interventional Pain Physicians
ACGME Fellowship Trained

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Granger Medical West Jordan
3181 West 9000 South
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Granger Medical Draper
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Granger Medical Wasatch
1250 East 3900 South, Ste. 1000
Salt Lake City, Utah 84124

Main (801) 569-5520

Referral Coordinator (801) 352-5944

Fax (801) 352-5951

Opioid Pain Medications Are Not Prescribed On The Initial Consultation. Opioid Pain Medications Are Considered Only After Appropriate Evaluations Are Complete.

Please Circle One:

Urgent (<7 days)

Semi-Urgent (1-2 weeks)

Elective (next available)

Patient Name: _____ Date of Birth: _____ Phone: _____

Insurance Company: _____ Policy #: _____ Phone: _____

Request for Specific Procedure:

Cervical

Thoracic

Lumbar

- | | | |
|-------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Botox for Migraines | <input type="checkbox"/> Splanchnic Nerve Block | <input type="checkbox"/> Stellate Ganglion Block |
| <input type="checkbox"/> Epidural Blood Patch | <input type="checkbox"/> Sacroiliac Joint Injection | <input type="checkbox"/> Hypogastric Plexus Block |
| <input type="checkbox"/> Epidural Steroid Injection | <input type="checkbox"/> Facet Joint Injection | <input type="checkbox"/> Botulinum Toxin Injection |
| <input type="checkbox"/> Selective Nerve Root Injection | <input type="checkbox"/> Medial Branch Block | <input type="checkbox"/> Spinal Cord Stimulation |
| <input type="checkbox"/> Intercostal Nerve Block | <input type="checkbox"/> Major Joint/Bursa Injection | <input type="checkbox"/> Radiofrequency Ablation |
| <input type="checkbox"/> Epidural Lysis of Adhesions | <input type="checkbox"/> Peripheral Nerve Block | <input type="checkbox"/> Discography/Intradiscal Tx |
| <input type="checkbox"/> Greater Occipital Nerve Block | <input type="checkbox"/> Lumbar Sympathetic Block | <input type="checkbox"/> Vertebroplasty/Kyphoplasty |
| <input type="checkbox"/> Genicular Nerve Block/Ablation (for knee pain) | | |

Request for Consultation and Opinion:

- | | | |
|--------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Pelvic/Inguinal Pain | <input type="checkbox"/> Post Herpetic Neuralgia/Shingles |
| <input type="checkbox"/> Thoracic Spine Pain | <input type="checkbox"/> Coccygodynia | <input type="checkbox"/> Cancer Pain |
| <input type="checkbox"/> Low Back Pain | <input type="checkbox"/> Rib Fracture/Pain | <input type="checkbox"/> Complex Regional Pain Syndrome |
| <input type="checkbox"/> Headaches/Facial Pain | <input type="checkbox"/> Muscle/Myofascial Pain | <input type="checkbox"/> Diabetic Peripheral Neuropathy |
| <input type="checkbox"/> Upper Extremity Pain
(Shoulder, Elbow, Hand) | <input type="checkbox"/> Lower Extremity Pain
(Hip, Knee, Foot) | <input type="checkbox"/> Spinal Cord Stimulator Evaluation |
| <input type="checkbox"/> Visceral Pain | <input type="checkbox"/> Phantom Limb Pain | <input type="checkbox"/> Vertebral/Sacral Fracture |
| | | <input type="checkbox"/> Radiculopathy/Spinal Stenosis |

Please include the following items with this referral:

- Typed History and Physical Examination
- Pertinent Labs
- Imaging Reports (MRI, X-Ray, CT, etc)
- Pertinent clinic notes/medical records
- Current medication list

ALL INSURANCES ACCEPTED (Limited availability for Medicaid plans)

Physician Signature

Phone #

Fax #