



Patient Referral Instructions

Complete and Fax to (816)965-8404

Referring physician _____ Phone _____

Referring to:

Location:

___ First Available Physician

___ Frist Available Appointment

Or

Or

- ___ Joel Ackerman, MD
- ___ Howard Aks, MD
- ___ Rebecca Burfeind, MD
- ___ Mark Chaplick, DO
- ___ Steven Charapata, MD
- ___ George Edwards, MD
- ___ Michael Gaume, MD
- ___ Atef Israel, MD
- ___ Curtis Johnson, MD
- ___ Thomas Laughlin, MD
- ___ James Scowcroft, MD

- ___ **KC Pain Centers-Lees Summit:** 200 NE Missouri Rd Suite 103
Lees Summit MO 64086 P: (816)763-1559
- ___ **KC Pain Centers-Overland Park:** 10550 Quivira Road Suite 270
Overland Park KS 66215 P: (816)763-1559
- ___ **KC Pain Centers-Independence:** 19550 E 39th Street Suite 411
Independence, MO 64057 P: (816)763-1559
- ___ North Kansas City Hospital P:(816)763-1559
- ___ Lee's Summit Hospital P:(816)763-1559
- ___ Research Belton Hospital P:(816) 763-1559
- ___ Research Medical Center P:(816) 276-7094
- ___ Saint Luke's East-Lee's Summit P:(816)763-1559
- ___ Saint Luke's South-Overland Park P:(816)763-1559

- ___ Jenna Shepard, PhD
- ___ Amelia Harris, PsyD

Patient's full name _____ Birth date _____

Address _____ City/Zip _____

Phone number Home _____ Work _____

Insurance Carrier _____

Policy Holder's name _____ Birth date _____

Group/ID Numbers _____

Patient's diagnosis or primary complaint _____

INSTRUCTIONS:

Please Check One:

- Consult Only
- Consult/Evaluate and Treat
- Other: _____

Please Include the following with the Referral:

- Imaging Reports (MRI, X-Ray, CT, etc)
- Previous Progress Note