VPI | VILLA PAIN INSTITUTE

NEW PATIENT REFERRAL FORM

Thank you for your referral!

Please fax this completed form to (915) 257-6302 along with copies of: clinic notes, pertinent radiology studies and a copy of the patient's insurance card (front and back).

Office Location ☐ West ☐ East

Patient Name _____ Preferred phone _____

Primary Insurance _____ ID Number _____

Referring Physician _____

Phone _____ Fax _____

Primary Care Physician (if different) _____

Phone _____ Fax _____

Please describe the referring complaint

Dx Code _____

Additional Comments

(833) 339-7246 villapaininstitute.com (915) 257-6302

West | 6955 North Mesa St., Suite 200, El Paso, TX 79912 • **East** | 7812 Gateway Blvd. E., Suite 230, El Paso, TX 79915