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CONSULTATION REQUEST INTAKE FORM

In anticipation of your consultation request, we thank you for taking the time to complete this form. It will greatly facilitate being able to see your patient in a timely and efficient manner.

If the patient's insurance requires **Prior Authorization**, please send this with the information below

Please send the following information along with the completed consult request form:

1. Insurance Card – copy of the front and back
2. Last 2 (two) clinic notes
3. Operative/Procedure reports
4. EMG/NCS Reports
5. Radiology Reports: MRI/X-ray/CT Scan/Bone Scan/Ultrasound
6. List of Medications

Workman's Compensation:

1. Please send a statement indicating the visit(s) and/or procedure(s) have been approved
2. Claim Number
3. Claims Address
4. First Injury Report along with the information requested above

******Please contact our office after you have faxed this form and the requested information to notify us that it has been sent.**

Once we receive, review, and confirm all the information, we will contact your patient with the appointment date and time.

Patient Name _____ Phone: _____

Address _____

DOB: _____ SSN _____

Ok to leave message at home regarding appointment? Yes No

*Primary Insurance: _____

*Secondary Insurance: _____

*Name of Worker's Comp Company _____

• Contact Person _____ Phone _____

*Insurance Approval Number (Private or WMC) _____

Requesting Physician _____ NPI# _____

Phone _____ Fax _____

Preliminary Diagnostic Impression _____

Type of Consultation Requested _____

Primary Care Physician _____ NPI# _____

****Please note, all patients are required to be seen in consultation prior to undergoing a requested procedure.**