

**MONROE**

1030 North Monroe St.  
Monroe, MI 48162  
Phone: 734-682-3309  
Fax: 734-682-1488

**DEARBORN HEIGHTS**

24430 Ford Rd., Ste. B  
Dearborn Heights, MI 48127  
Phone: 734-682-3309  
Fax: 734-682-1488

**ALLEN PARK**

18707 Ecorse Rd.  
Allen Park, MI 48101  
COMING SOON.

Date: \_\_\_\_\_

**To Schedule:**

- Please send this form along with the patient
- Have patient call NIPM to schedule an appointment, or...
- Fax this form to us and our referral specialist will contact your patient to schedule an appointment
- Visit us online at [www.nipm-mi.com](http://www.nipm-mi.com) and select first appointment

**Patient Information**

Patient Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Referral Type**

- Evaluate & Treat     Consultation Only     Procedure (Select Below)

**Pain Diagnosis:** \_\_\_\_\_

*Please forward any imaging reports and/or notes pertinent to the primary diagnosis*

**Requested Procedure**

- Transforaminal ESL
- Epidural Steroid Injection
- Stellate Ganglion Block
- Selective Nerve Root Block
- Sacroiliac Joint Injection
- Lumbar Sympathetic Block
- Joint/Bursa Injection
- Facet Rhizotomy
- Facet Block
- Discography

Other: \_\_\_\_\_

**Advanced Therapies**

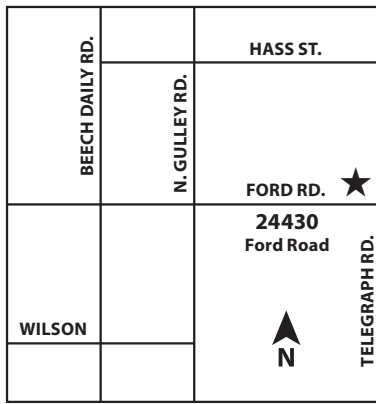
- Spinal Cord Stimulation for:
  - Failed Back Surgery Syndrome
  - Refractory Angina Pectoris
  - Chronic Ischemic Limb Pain
  - CRPS/RSD
  - Post-Herniorrhaphy Syndrome
  - Peripheral Neuropathy
- Peripheral Field Nerve Stimulation
- Kyphoplasty/Vertebroplasty/Sacroplasty
- Minimally Invasive Lumbar Decompression (MILD)
- Intrathecal Drug Therapy
- Deep Tissue Laser Therapy

**Referring Doctor**

Name (Please Print): \_\_\_\_\_

Office Number: \_\_\_\_\_

Signature: \_\_\_\_\_



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