



PAIN MANAGEMENT REFERRAL FORM



Best Care by the Best Doctors!



Dr. Neville Campbell MD, MBA **Other Provider** _____

PATIENT INFORMATION

Name _____ DOB _____ Phone # _____

EVALUATE AND TREAT

NEW PATIENT LIEN CONSULTATION (SCHEDULED WITHIN 72 HOURS)

- | | |
|---|---|
| <input type="checkbox"/> TFESI (Single and Bilateral Cervical and Lumbar Spine) | <input type="checkbox"/> MEDICATION THERAPY |
| <input type="checkbox"/> SCS Trial and SCS Permanent Placement | <input type="checkbox"/> PHYSICAL THERAPY |
| <input type="checkbox"/> Trigger Point Injections (Cervical, Lumbar, Thoracic) | <input type="checkbox"/> ACUPUNCTURE |
| <input type="checkbox"/> MEDIAL BRACH BLOCK (MBB) | <input type="checkbox"/> BALANCE THERAPY |
| <input type="checkbox"/> INTRA-ARTICULAR FACET INJECTIONS | <input type="checkbox"/> EMG's |
| <input type="checkbox"/> SYMPATHETIC BLOCKS | <input type="checkbox"/> MRI's |
| <input type="checkbox"/> CAUDAL ESI | <input type="checkbox"/> PSYCH EVALUATION |
| <input type="checkbox"/> STEM CELLS | <input type="checkbox"/> DRY NEEDLING THERAPY |
| <input type="checkbox"/> PRP (Platelet Rich Plasma) | <input type="checkbox"/> SI and S1 JOINT INJECTIONS |

PERSONAL INJURY REPORTS

MEDICAL LIFE CARE PLAN MEDICAL REBUTTAL REVIEW OF RECORDS

FOR LIEN REFERRALS

ALL RECORDS, BILLINGS, AND NOTES WILL BE SENT WITHIN 24 HOURS AFTER VISIT

Attorney _____ Date of Injury _____
 Case Manager/Paralegal _____ Email address _____
 Phone number _____ (To which all communication should be sent)

LIEN SCHEDULING
 (For ALL Lien- related questions and communication)
 Direct Line: (702)-765-4025
 Fax Line: (702) 931-9553
 Email: PI@wellnessandpaincare.com

MAIN OFFICE
 Direct Line: (702) 476-9700
 Fax Line: (702) 476-9138

WORKMAN COMP
 Direct Line: (646) 897-5048
 Fax Line: (702) 444-2483
 Email: workmancom@wellnessandpaincare.com

"Se Habla Español"

OUR CONVENIENT LOCATIONS

LAS VEGAS OFFICE
 401 N. Buffalo Drive Suite 202
 Las Vegas NV 89145

HENDERSON OFFICE
 1701 N. Green Valley PKWY #7B,
 Henderson NV 89074



MAILING ADDRESS
CIMARRON OFFICE
 6930 S. Cimarron Suite 260,
 Las Vegas NV 89113





OUR CORE VALUES FOR OUTSTANDING CARE



PATIENT-CENTRIC

We prioritize your needs above all. Attentively listening, crafting personalized plans, and remaining responsive to ensure you receive unparalleled care.



COMPASSION

We understand the debilitating nature of pain and provide a nurturing environment to faster healing and recovery.



EXCELLENCE

We adhere to the highest clinical standards, continuously enhancing our services based on evidence-based practices.



COLLABORATION

We actively collaborate with you and your health care provider to create a comprehensive, integrated approach to pain management.



RESPECT

Every patient is treated with utmost dignity, professionalism, and utmost consideration for their unique circumstances.

OUR 3 CONVENIENT LOCATIONS

