



CENTER FOR WELLNESS

# ORTHOPEDIC, PAIN & SPINE OF AMERICA

## PAIN MANAGEMENT REFERRAL FORM



*Best Care by the Best Doctors!*



Dr. Neville Campbell MD, MBA       Other Provider \_\_\_\_\_

### PATIENT INFORMATION

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Phone# \_\_\_\_\_ Date \_\_\_\_\_

### EVALUATE AND TREAT

#### NEW PATIENT LIEN CONSULTATION (SCHEDULED WITHIN 48 HOURS)

- |   |   |
|---|---|
| <input type="checkbox"/> TFESI (Single and Bilateral Cervical and Lumbar Spine) | <input type="checkbox"/> PRP (Platelet Rich Plasma) |
| <input type="checkbox"/> SCS Trial and SCS Permanent Placement                  | <input type="checkbox"/> Medication Therapy         |
| <input type="checkbox"/> Trigger Point Injection (Cervical, Lumbar, Thoracic)   | <input type="checkbox"/> EMC's                      |
| <input type="checkbox"/> Medial Brach Block (MBB)                               | <input type="checkbox"/> Dry Needling Therapy       |
| <input type="checkbox"/> Intra-Articular Facet Injections                       | <input type="checkbox"/> SI and S2 Joint Injections |
| <input type="checkbox"/> Sympathetic Blocks                                     | <input type="checkbox"/> Radiofrequency Ablation    |
| <input type="checkbox"/> Caudal ESI   | <input type="checkbox"/> Provocative Discogram      |
| <input type="checkbox"/> Stem Cells   | <input type="checkbox"/> Analgesic Discogram        |

### 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](mailto: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](mailto:workmancom@wellnessandpaincare.com)

**"Se Habla Español"**

### OUR CONVENIENT LOCATIONS

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

**HENDERSON OFFICE**  
8915 South Pecos Road, STE 19A, Henderson, NV 89074



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





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## 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

