



Chronic Pain Resources Fax Referral

855 S. Wall Street, Columbus, OH 43206

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Board Certified Anesthesiologist and Pain Specialist

Patient Name _____ Phone _____ Date _____

DOB: _____ SSN _____ Insurance _____

Dx _____ Dx Code _____ NPI _____ UPIN _____

Referring Physician _____ Phone _____ Fax _____

Check all that Apply

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Lower Back | <input type="checkbox"/> Failed Back Surgery |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Post Surgical | <input type="checkbox"/> Brain/Spinal Injury |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Work Related Injury | <input type="checkbox"/> Myofasical Pain Syndrome |
| <input type="checkbox"/> Pelvic Pain | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Neurological/Neuropathic Pain |
| <input type="checkbox"/> Facial Pain | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Phantom Limb Pain |
| <input type="checkbox"/> Shingles | <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> RSD |
| <input type="checkbox"/> Cancer Pain | <input type="checkbox"/> Motor Vehicle Accident | <input type="checkbox"/> Other _____ |

Evaluate and Treat _____ Consult Only _____

Scheduling Phone : 614 -445-0965 Scheduling Fax: 614-947-7159

***** Please submit pertinent medical records and imaging reports**

REFER WITH CONFIDENCE

Accepting all private insurance, BWC, Medicare A & B

Comprehensive Chronic Pain Care

Interventional Pain Procedures

Nerver Blocks, Epidurals, Intrathecal Pumps and Spinal Stimulators, Radiofrequency Ablation, Ultrasound Guided Nerve Blocks

Medication Management

Responsible Prescribing and Advanced monitoring techniques

Support Services

Physical Therapy, Medical Imaging, Psychological Counseling

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