



Pain Institute
of Southern Arizona

Phone: (520) 999-9000 | Fax: (520) 448-3149

Please return to fax

Referral Notice

Patient Information

Full Legal Name: _____ DOB: _____ Phone: _____

Primary Insurance: _____ Secondary Insurance: _____

Member ID #: _____ Member ID #: _____

Subscriber/Dependent: Married Widowed Single

New Patient

Established Patient

Urgent Referral

Evaluate and treat the patient within 5 business days. Note: if a referral from a PCP is needed, it could delay the scheduling process.

Non-Emergency Referral

Evaluate and treat in our regular schedule. Average wait time: 2 weeks. Note: if a referral from a PCP is needed, it could delay the scheduling process.

Diagnosis: _____

ICD-IO Code(s): _____

Authorization #: _____ Referring Office: _____

REFERRING PROVIDER'S SIGNATURE

NPI #

DATE

Providers:

Eric Cornidez, MD, MBA

Efrain Cubillo, MD

Christopher Bailey, MD

Kayven Farshad, MD

Jared Gilman, MD

Connor Martin, MD

Lorenzo Sabido, MD

Please fax back this form with patient's last 3 chart notes, patient demographics, and any imaging. Patients will be offered a different location based on appointment availability.