



Pain Specialists of Charleston, P.A.

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Edward M. Tavel, Jr. MD

PATIENT REFERRAL FORM

Patient Name: _____ DOB: _____

Home Phone: _____ Work Phone: _____

Diagnosis: _____

- Urgent Routine ASAP
 Evaluate and Test
 Perform procedure only as required
 Follow up injection(s) at the discretion of the physician

Procedure	Level/ Joint/Nerve and Side(s)
Spinal Cord Stimulator Trial	
Peripheral Stimulator Trial	
Interlaminar Epidural Steroid Injection (CERVICAL)	
Interlaminar Epidural Steroid Injection (LUMBAR)	
Caudal Epidural Steroid Injection	
Transforaminal Epidural Steroid Injection	
> Additional Nerve(s)	
Selective Spinal Nerve Blocks	
> Additional Nerve(s)	
Facet Joint Injection (Medial Branch Block)	
> Additional Joint(s)	
Sacroiliac Joint Injection	
Provocation Discography	
Radiofrequency Neurotomy (Facet Denervation)	
> Additional Joint(s)	
Sympathetic Block	
Costovertebral Joint Injection	
> Additional Joint(s)	
Hip Joint Injection	
Shoulder Joint Injection(s)	
Knee Joint Injection(s)	
Ilioinguinal Nerve Block:	
Special Request:	

Please fax all Patient Demographics and MRI reports with this referral. Thanks!

Referring Physician: _____

Physician Signature: _____ Date: _____

