Phone: (925) 691-9806
Fax: (925) 691-9807
Email: procedures@ipmdoctors.com
ipmdoctors.com

Most procedures are performed at:
Premier Surgery Center
2222 East Street, Suite 200
Concord, CA 94520

PROCEDURE REFERRAL FORM

I. Physician

- ❑ Jacob Rosenberg, M.D., Q.M.E.
- ❑ Lawrence Weil, M.D., Q.M.E.
- ❑ Kasra Amirdelfan, M.D., Q.M.E.
- ❑ Douglas Grant, M.D., Q.M.E.
- ❑ Kenneth Kim, M.D., Q.M.E.
- ❑ Jeff Chen, M.D.
- ❑ Neesha Davé, D.O.
- ❑ Matthew D. Johnson, D.O., Q.M.E.
- ❑ Navjeet Boparai, M.D.
- ❑ Carl Fieser, M.D., Q.M.E.
- ❑ First Available

II. Procedure

Patient Name: ____ Date: ______________________________

❑ Cervical ❑ Thoracic ❑ Lumbar

❑ Translaminar Epidural Block
Level(s): _______________

❑ Caudal Epidural Block

❑ Transforaminal Epidural (Selective Nerve Root)
Level(s): _______________
❑ Left ❑ Right ❑ Bilateral

❑ Diagnostic Facet Blocks (Medial Branch Blocks)
Level(s): _______________
❑ Left ❑ Right ❑ Bilateral

❑ Radiofrequency Rhizotomy of Medial Branches
Level(s): _______________
❑ Left ❑ Right ❑ Bilateral

❑ Diagnostic Discography
Levels: _______________

❑ Sympathetic Block

❑ Spinal Cord Stimulation Evaluation

❑ Intrathecal Infusion Pump Evaluation

❑ EMG/Nerve Conduction Study:
❑ Upper Ext. ❑ Lower Ext.
❑ Left ❑ Right ❑ Both

❑ Intra-Articular Injection (ie: Sacroiliac, hip, knee, etc.)
Site: _______________

III.

Referring Physician: ____ Signature: ___________________________

Please fax this form along with authorization, demographics, pertinent records and recent imaging to 925-691-9807. For questions, please contact Procedure Scheduling at 925-691-9806, extension 115. AUTHORIZED PROCEDURES WILL BE SCHEDULED AS SOON AS POSSIBLE.