

# Western Rockies Interventional Pain Specialists

**Kenneth C. Lewis, MD**

*Board Certified Anesthesiologist Specializing In Pain Management*  
Kokopelli Plaza, 551 Kokopelli Blvd, Fruita, Colorado, 81521



**Scheduling Office # 970-270-2259** • Fax 970-858-0798

Available at: **Family Health West    First Choice Outpatient    Rangely District Hospital**

Other Facility\_\_\_\_\_

*Consultation/ Pain Management Procedure Information:*

Date\_\_\_\_\_ Office Contact\_\_\_\_\_

Ordering Physicians\_\_\_\_\_ Family Physician\_\_\_\_\_

Patient Name\_\_\_\_\_ DOB\_\_\_\_\_ Age\_\_\_\_\_ SS#\_\_\_\_\_

Address\_\_\_\_\_

Phone (H)\_\_\_\_\_ (W)\_\_\_\_\_ (Other)\_\_\_\_\_

Level\_\_\_\_\_

**\*\*\*Please include copies of imaging reports\*\*\***

<b>X-Rays</b>	<b>MRI</b>	<b>CT</b>
<b>Location</b> _____	<b>Location</b> _____	<b>Location</b> _____

Instructed Patient to Bring

**Is Patient on Blood Thinners? Yes\_\_\_ No\_\_\_ Type of Medication\_\_\_\_\_**

**If Physical Therapy indicated may we refer? Yes\_\_\_ No\_\_\_**

**Preferred Provider**\_\_\_\_\_

**If Surgical Consult indicated may we refer? Yes\_\_\_ No\_\_\_**

**Preferred Provider**\_\_\_\_\_

***Please Send a Copy of the Insurance Card***

Insurance\_\_\_\_\_

Claim/ID Number\_\_\_\_\_

Authorizing Person at Insurance Company\_\_\_\_\_

Number Approved\_\_\_\_\_

Phone\_\_\_\_\_

Fax\_\_\_\_\_

Pre-Authorization Done By\_\_\_\_\_

Date of Last Epidural/Pain Procedure\_\_\_\_\_

Special Notes: