



# VELAZQUEZ

PAIN RELIEF CENTER

Phone (702) 960-4150  
Fax (702) 960-4154  
www.VelazquezPainReliefCenter.com

## PATIENT INFORMATION

Patients Name \_\_\_\_\_

DOB \_\_\_\_\_ SS# \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Insurance Co \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Insured \_\_\_\_\_ SS# \_\_\_\_\_

Attorney \_\_\_\_\_

Case Manager \_\_\_\_\_

Phone \_\_\_\_\_

DOL \_\_\_\_\_  MVA  P.I.

## REASON FOR REFERRAL

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diagnosis / History

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Radiology  YES  NO

If yes, where \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DOCTORS INFORMATION

Referring Physician

\_\_\_\_\_

Contact Person

\_\_\_\_\_

Phone ( ) \_\_\_\_\_

\_\_\_\_\_

Fax

\_\_\_\_\_

## TO OBTAIN AN APPOINTMENT

Fax this form along with the  
Doctors' notes, relevant  
diagnostic reports (MRI etc.)  
and a copy of the patient's  
insurance card.

1815 East Lake Mead Blvd, # 317, North Las Vegas, NV 89030  
8845 West Flamingo Road, #100, Las Vegas, NV 89147  
7425 West Azure Dr, #150, Las Vegas, NV 89130

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Aetna

Anthem BCBS

Beechstreet

Cigna

Culinary

Galaxy Health

GEHA

NV Medicaid

NV Medicare

Molina

Multiplan

OneHealth

Sierra Health

Teacher's Health

Tricare

Triwest (UHC)

UMR

United Health Care

Wellhealth

Liens

Workman's Comp

Please bring this form, your insurance cards, I.D., a list of your medications with dosages, and any pertinent records/imaging.