INTEGRATIVE PAIN & SPINE INSTITUTE
AN AFFILIATE OF ECAA

**Integrative Pain & Spine Institute**
Belle Grove Office Park
3315 Springbank Lane, Suite 202
Charlotte, NC 28226
Phone: 704-317-1440
Fax: 704-733-9040
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# REFERRAL FORM

☐ Ankur M. Manvar, MD

Patient's Name _____ Date _____

Phone _____ (W) _____ (Cell) _____ DOB _____

Referring Practice _____

Referring Provider _____ Phone _____ Fax _____

Type of Insurance _____

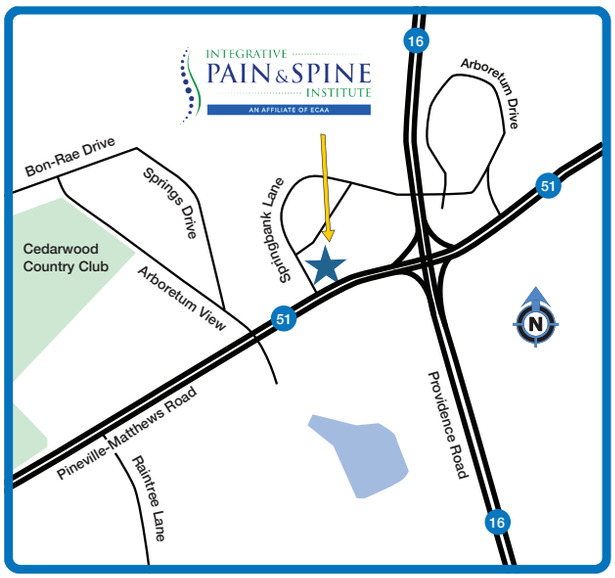
Worker's Comp Claim # _____ Date of Injury _____

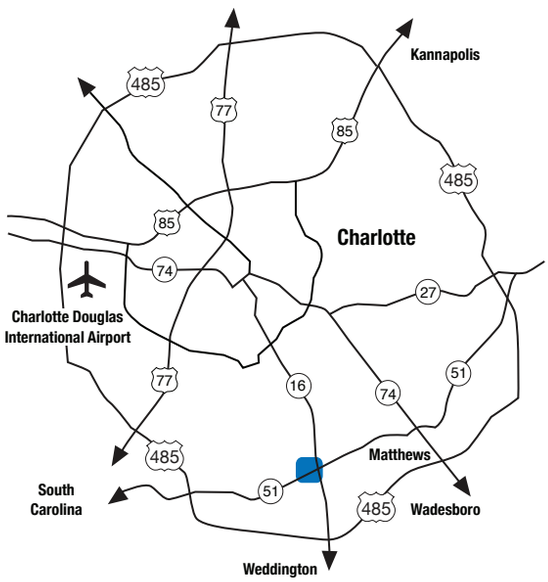
Case Manager's Name _____ Phone _____ Fax _____

Adjuster's Name _____ Phone _____ Fax _____

**Pain Conditions:** (check all that apply)

- ☐ Arthritis
- ☐ Back Pain
- ☐ Neck Pain
- ☐ Myofascial Syndrome
- ☐ Sciatica
- ☐ Neuropathic Pain
- ☐ Spinal Cord Injury
- ☐ Cancer Pain
- ☐ Fibromyalgia
- ☐ Other _____
- ☐ Failed Back Surgery
- ☐ Work Injury
- ☐ Shingles
- ☐ CRPS (RSD)
- ☐ Joint Pain (Knees, Hips, Shoulder)
- ☐ Headaches & Migraines
- ☐ Extremity Pain




*Please fax any pertinent notes, imaging, testing, etc.

We appreciate the referral. We will call the patient to schedule the appointment.
To request more referral pads, call 704-317-1440.