INTEGRATIVE PAIN & SPINE INSTITUTE
AN AFFILIATE OF ECAA

REFERRAL FORM

☐ **Dr. Ankur Manvar**
South Charlotte (Arborteum)
3315 Springbank Lane, Ste. 202
Charlotte, NC 28226
Phone: 704-317-1440
Fax: 704-733-9040

☐ **Dr. Jugal Dalal**
North Charlotte (Mallard Creek)
2325 W Arbors Drive, Ste. 102
Charlotte, NC 28262
Phone: 980-224-2008
Fax: 980-426-0005

Patient's Name _____ Date _____

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

Referring Provider _____ Phone _____ Fax _____

Referring Practice _____

Type of Insurance _____

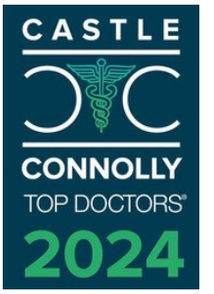
Worker's Comp Claim # _____ Date of Injury _____

Pain Conditions: (circle all that apply)

Arthritis	Neuropathic Pain	Failed Back Surgery	Joint Pain
Back Pain	Spinal Cord Inury	Work Injury	(Knees, Hips, Shoulder)
Neck Pain	Cancer Pain	Shingles	Headaches/Migraines
Myofascial Syndrome	Fibromyalgia	CRPS (RSD)	Extremity Pain
Sciatica	Other_____		

*Please fax last office visit, pertinent notes, imaging, testing, etc.

All new patients scheduled within 3 weeks
No associated hospital fees
All commercial insurances and Medicare accepted



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