



Pain Management Referral

1665 S. Imperial Ave., Ste. D El Centro, CA 92243

Ph. 760-482-0212 • Fax 760-482-0166

Date: / / Referring MD: _____

Patient Name: _____ DOB: _____

Patient Phone Number: _____

Primary Insurance: _____ ID#: _____

Secondary Insurance: _____ ID#: _____

Primary Complaint: _____

Physician Preference:

Charles R. Stevens, M.D. Paul Wetherill, PA-C.

Please fax the following information to 760-482-0166

1

Patient Radiology (MRI required for spinal injections)

2

Patient Demographics

3

Medical Records including last three visits & medication list