



# Alaska Center for Pain Relief

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www.painlessalaska.com

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Phone # or email: \_\_\_\_\_

Referring Provider (**Please print**): \_\_\_\_\_

**Consultation Only**

Diagnosis: \_\_\_\_\_

**Evaluate and Treat:**

- Neck Pain
- Lower Back Pain
- Post-surgical Pain
- CRPS (RSD)
- Sciatica
- Headaches
- Herniated Disc(s)
- Arthritis
- Chronic Pain Medication Evaluation
- Other/Details:

**Consider:**

- Epidural Steroid Injection/SNRB: \_\_\_\_\_
- Spinal Cord Stimulation: \_\_\_\_\_
- Facet Joint Injection/MBB: \_\_\_\_\_
- Radiofrequency Ablation (RFA): \_\_\_\_\_
- Sacroiliac Joint Injection: \_\_\_\_\_
- Kyphoplasty/Vertebroplasty: \_\_\_\_\_
- Stellate Ganglion Block: \_\_\_\_\_
- Lumbar Sympathetic Block: \_\_\_\_\_
- Discogram: \_\_\_\_\_
- Other: \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

Referring Provider's Signature: \_\_\_\_\_

Referring Provider's Phone Number: \_\_\_\_\_

Return to Referring Provider in \_\_\_\_\_ Week(s).