Michigan Interventional Pain Associates

Steven Wiener, MD *Sharon Minott, MD* *Sam George, DO*

Phone# (248) 624-7246 *Fax# (248)624-2597*

Patient Name_____DOB_____

Please advise and evaluate my patient for pain complaints of:

___Upper Back ___ Neck ___Head ___Arm/Hand

___Lower Back ___Buttocks ___Legs /Feet ___Hip

___Shingles/PHN ___Neuropathy ___Other_____

Referring Physician Name_____PH#_____

Referring Physician Signature_____

Referring Physician's NPI #_____

Please send us a copy of your patients last office visit note –demographics/insurance-and any written reports of MRI-CT-X-Ray. Fax this information to us at (248) 624-2597.

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