

CONSULTATION REQUEST

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 Nicole Walton, APRN
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 Matthew Daniel, NP

PATIENT _____ DATE _____
 PHONE# _____ DOB _____

AREA OF CONCERN:

- Low back pain
- Neck pain
- Shingles or nerve pain
- Spinal stenosis
- SI Joint Dysfunction
- Facet Syndrome
- Headache
- Post-Surgical Pain
- Arthritis pain
- Myofascial Pain/ Fibromyalgia
- RSD/CRPS
- Other _____

PAIN MANAGEMENT INTERVENTIONAL PROCEDURES:

- Epidural or Selective Nerve Root Block
- SI Joint Injection
- Facet Injections
- Trigger Point Injections
- Radiofrequency ablation
- Prolotherapy
- Discography
- Neuromodulation: Peripheral/abdominal wall stimulation
- Trigeminal nerve block/sphenopalatine nerve block
- Spinal Cord Stimulation Trial/Implant
- Vertebroplasty/Kyphoplasty
- Lysis of Adhesions Lumbar Spine
- PRP (Platelet Rich Plasma)
- Knee steroid/hyalgan injections /RFA
- Minimally Invasive Lumbar Decompression (MILD)
- Implantable Intrathecal Pumps
- Intercostal Nerve Block
- Ilioinguinal & Iliohypogastric Nerve Block
- Pudendal/ganglion-impar block
- Stellate/Sympathetic block/inferior hypogastric/cealic plexus
- Botox: Migraine/Cervical Dystonia

REFERRING PHYSICIAN INFORMATION

REFERRING PHYSICIAN NAME _____
 FAX NUMBER _____
 Phone Number _____

CLICK HERE IF URGENT REFERRAL



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www.kansaspainmanagement.com