

INTERVENTIONAL
PAIN
AND SPINE
INSTITUTE

JORG ROSLER, MD
 ANDREW HALL, MD
 FAISEL ZAMAN, MD

PATIENT INFORMATION

Patient Name _____

DOB _____ SS# _____

Phone() _____

Insurance Co _____

Phone() _____

Insured _____ SS# _____

Attorney _____

Case Manager _____

Phone() _____

DOL: _____ MVA P.L.

DOCTORS INFORMATION

Referring Physician _____

Contact Person _____

Phone() _____

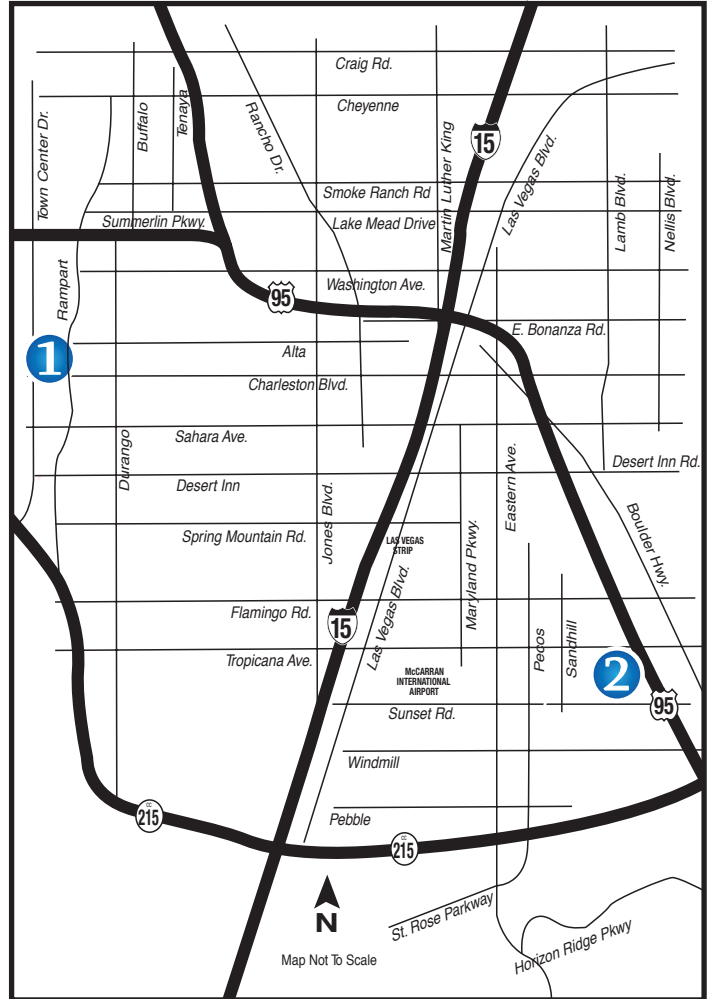
Fax _____

TO OBTAIN AN APPOINTMENT

Fax this form along with the Doctors' notes,
 relevant diagnostic reports (MRI etc.)
 and a copy of the patients
 insurance card to IPSI 702-357-8005

702-357-8004
Fax 702-357-8005

- 1** 851 S. RAMPART BLVD. SUITE 100
 LAS VEGAS, NV 89145
- 2** 715 MALL RING CIRCLE, SUITE 100
 HENDERSON, NV 89014



REASON FOR REFERRAL

Diagnosis / History:

Radiology: YES NO

If Yes, Where _____

Please bring this form, your insurance cards, I.D., a list of your medications with dosages, and any pertinent records and X-rays to your appointment