



DEDICATED TOLL-FREE
FAX REFERRAL LINE
888-479-5506

Fred DeFrancesch, M.D.

Hammond • LaPlace
Kenner • Gonzales

FAX REFERRAL

Name: _____ Date: _____

DOB: _____ HomePhone: _____ Work/CellPhone: _____

Chief Complaint/Diagnosis: _____

Address: _____ Contact Telephone: _____

Referring Physician: _____ Practice Name: _____

Practice Phone: _____ Practice Address: _____

If a PCP referral is required for the above patient, please attach/include it with this form.

PLEASE FAX COPIES OF ANY DIAGNOSTIC REPORTS (MRI, CT, X-RAY, ETC.), AS WELL AS THE MOST RECENT PHYSICIAN'S NOTES, PATIENT DEMOGRAPHICS AND INSURANCE INFORMATION RELATED TO THE PATIENT ALONG WITH THIS REQUEST FORM.

- | | |
|--|---|
| <input type="checkbox"/> Pain Evaluation, Consultation & Treatment | <input type="checkbox"/> Botox Treatment |
| <input type="checkbox"/> Diagnostic Nerve Block | <input type="checkbox"/> Specific Level Desired |
| <input type="checkbox"/> Epidural Steroid Injection | (If applicable) _____ |
| ___cervical___thoracic___lumbar | <input type="checkbox"/> Lumbar Sympathetic Block |
| <input type="checkbox"/> Facet Joint Injection | <input type="checkbox"/> Occipital Nerve Block |
| ___cervical___thoracic___lumbar | <input type="checkbox"/> Stellate Ganglion Block |
| <input type="checkbox"/> Transforaminal Epidural | <input type="checkbox"/> Trial Spinal Cord Stimulator |
| ___cervical___thoracic___lumbar | <input type="checkbox"/> Facet Rhizotomy |
| <input type="checkbox"/> Discography | <input type="checkbox"/> Spasms |
| ___cervical___thoracic___lumbar | |

Other: _____

2840 West Airline Highway, Suite A
LaPlace, Louisiana 70068
o: 985-479-8000
f: 985-479-8002

42078 Veterans Avenue, Suite G
Hammond, Louisiana 70403
o: 985-542-7177
f: 985-340-7078

2604 S Ruby Street
Gonzalez, Louisiana 70737
o: 225-647-2111
f: 225-647-2226

1919 Veterans Memorial Blvd., Ste. 101
Kenner, Louisiana 70062
o: 866-437-3733
f: 985-479-8002