



918-742-7030 or
855-918-PAIN phone



918-742-9958 fax

www.tulsapain.com

Referral Form

Tulsa Pain

☐ Andrew Revelis, M.D. ☐ Martin Martucci, M.D. ☐ Samuel C. Korb, M.D. ☐ First Available

Services Requested

Injection Therapy: _____

Evaluation: _____

Referral Information

Patient's Full Name: _____

Phone/Cell: _____ Work: _____

Address: _____

Date of Birth: _____ SSN: _____

Referring Physician: _____

Phone: _____ Fax: _____

Address: _____

Diagnosis: _____ Date of Injury: _____

Other: _____

Insurance: _____
Primary Secondary

Claims Address: _____

Phone: _____ Contact: _____

Case/ID# _____ Group# _____

**Please send medical records, all diagnostic reports,
and copies of insurance cards, if available.**

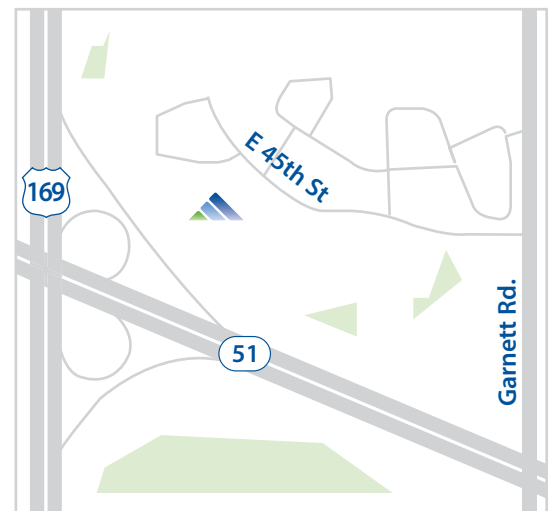
Thank you for your referral to Tulsa Pain Consultants.
Our number one goal is to provide safe and effective
interventional pain management.

We strive to maintain a partnership in meeting this goal.

If you have any questions,
please contact our office anytime at:

918-742-7030
or
contact@tulsapain.com

We look forward to working with you.



Tulsa Pain Consultants
10810 East 45th Street, Suite 400
Tulsa, Oklahoma 74146
918-742-7030

Appointment Date: _____ Time: _____