



Michigan Interventional Pain Associates

Sharon Minott, MD Steven Wiener, MD

Board Certified, American Board of Anesthesiology
Subspecialty Certification in Pain Medicine

Patient Name: _____ Date of Birth: _____ Date: _____

Please advise and evaluate my patient for pain complaints of:

_____ Upper back _____ Neck _____ Head _____ Arms/Hands
_____ Lower back _____ Buttocks _____ Legs/feet _____ Hip
_____ Shingles/PHN _____ Neuropathy _____ Other _____

Referring physician name: _____

Referring physician Signature: _____

Referring physician's NPI: _____

*Please send us a copy of your patient's last office note, demographics information, and any written reports of MRI-CT-Xray. You can fax this information to us at 248-624-2597.

Thank you!

2300 Haggerty Road, Suite 2100 West Bloomfield, MI 48323

Phone: 248-624-7246 Fax: 248-624-2597
www.MiPainClinic.com