PAIN SPECIALISTS OF OREGON
Solutions for Acute and Chronic Pain

541-844-1807
541-844-1681
info@psopain.com

CONSULTATION REFERRAL TO:

☐ Next Available ☐ Donna Morgan, MD ☐ Joseph Dunn, MD ☐ Adam Kemp, MD

PATIENT INFORMATION		
First Name:	Last Name:	
DOB:	SSN:	
Primary Phone:	Alternate Phone:	
Email:		
PCP:	Phone:	Fax:

REFERRAL INFORMATION		
***** NOTE: We are not accepting new medication management patients as we are at capacity. *****		
Referring Provider:	Phone:	Fax:
Reason for Referral:		
Referral ICD / Dx Code:		
Is referral related to worker's compensation? ☐ No ☐ Yes		
Is referral related to a motor vehicle collision? ☐ No ☐ Yes		

INSURANCE INFORMATION	
Primary:	Member ID:
Secondary:	Member ID:
Is a referral from PCP required to see a specialist? ☐ No ☐ Yes*	
Is a prior authorization required to see a specialist? ☐ No ☐ Yes*	

*If required, you must confirm completion prior to submitting a referral request.

Required supporting documents attached:

☐ Recent Clinic Notes ☐ Pertinent Imaging Reports ☐ Pertinent Procedure Notes

REFERRAL REVIEW WILL BEGIN ONCE ALL SUPPORTING DOCUMENTS HAVE BEEN RECEIVED.
PLEASE ALLOW 2-3 DAYS FOR REVIEW. WHEN COMPLETE, WE WILL CONTACT THE PATIENT.

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