



# LVIPC

LAS VEGAS INJURY PAIN CENTER

Main Line: 702-879-2005

Fax: 702-805-0019

- 1** 851 S. Rampart Blvd, Suite 100  
Las Vegas, NV 89145
- 2** 100 N. Green Valley Parkway, Suite 225  
Henderson, NV 89074
- 3** 3603 N. Las Vegas Blvd., Suite 111  
Las Vegas, NV 89115

## PATIENT INFORMATION

Patient Name \_\_\_\_\_

DOB \_\_\_\_\_ SS# \_\_\_\_\_

Phone( ) \_\_\_\_\_

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.)  
to LVIPC 702-805-0019

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

**www.lvinjurypaincenter.com**

**SATURDAY  
APPOINTMENTS &  
CAR SERVICE FOR  
INITIAL VISITS**



## REASON FOR REFERRAL

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diagnosis / History:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Radiology:  YES  NO

If Yes, Where \_\_\_\_\_

