

Pain Specialist Referral Form

Date: _____

Patient

First Name: _____ Last Name: _____

Phone Number: _____

Referring Physician

First Name: _____ Last Name: _____

Account Name / Facility Name: _____

Specialty: _____ Phone Number: _____

Suggested Pain Management Specialist (Refer to): _____

Phone Number: _____

Undecided / Unknown: Locate a Pain Specialist near you by visiting [Pain.com/locator](https://www.pain.com/locator)

Pain Management Specialist Near Me:

1. _____ Phone Number: _____

2. _____ Phone Number: _____

3. _____ Phone Number: _____

What's Next

1. Contact the Pain Management Specialist your doctor has suggested above to schedule a consultation.
2. If your doctor has not identified a Pain Management Specialist, or if you are unable to make an appointment with them, visit [Pain.com/locator](https://www.pain.com/locator) to find another Specialist near you.
3. If you prefer to talk to a Boston Scientific Patient Education Specialist contact us at 866.360.4747.

Don't forget - BRING THIS FORM to your consultation.

Additional Resources

Connect with us on [Pain.com](https://www.pain.com) to learn about the different kinds of treatments options, locate a Pain Specialist near you, and schedule an appointment to talk to a Patient Ambassador.