Pain.com

Boston Scientific
Advancing science for life™

Pain Specialist Referral Form

Accelerated Access

Date: _____

Patient

First Name: _____ Last Name: _____

Phone Number: _____ Insurance: _____

Diagnosis:

☐ Chronic Pain ☐ CRPS ☐ DPN ☐ FBSS

☐ LSS ☐ Radicular Pain ☐ Other: _____

Referring Provider

First Name: _____ Last Name: _____

Account Name / Facility Name: _____

Phone Number: _____

Specialty:

☐ Chiropractor ☐ Endocrinologist ☐ Internal Med ☐ Physical Therapy

☐ Podiatry ☐ Primary Care ☐ Surgeon ☐ Other: _____

Suggested Pain Management Specialist (Refer to): _____

Phone Number: _____

Locate a Pain Specialist by visiting Pain.com/Locator§

What's Next

1. Send this referral form to your pain management specialist of choice for accelerated access to a new patient appointment.

2. For an electronic version of this form, scan the QR code.

Additional Resources

Connect with your local Pain Management Liaison here: Pain.com/Referral

§The physician locator tool identifies pain management specialists in your area who have met certain qualifying criteria and are experienced with one or more of Boston Scientific pain management therapies. All treatment options should be discussed thoroughly with a pain management specialist.