Twin Cities Pain Clinic

☐ **Check if TCPC provider will determine procedure and level.**

PLEASE fax last 6 months of office notes and radiology reports to the number listed.

☐ **Procedure Only - Edina**
Phone: (952) 841-2345
Fax: (952) 856-2644
Email: scfrontdesk@tcpain.com

☐ **Procedure Only - Burnsville**
Phone: (952) 841-2345
Fax: (952) 222-1817
Email: frontdesk@burnsvillesc.com

☐ **Clinical Consultation**
Phone: (952) 841-2345
Fax: (952) 841-2346
Email: referrals@tcpain.com

PATIENT INFORMATION

Name: _____

Phone #: _____

Date of Birth: _____

☐ TCPC will call patient to schedule
☐ Patient will call to schedule

REFERRING PROVIDER INFORMATION

Name: _____

Phone #: _____

Email: _____

Signature: _____

Clinic Name: _____

INSURANCE INFORMATION

Primary Insurance: _____

Policy #: _____ Group#: _____

Patient will be billing: _____

Secondary Insurance: _____

Policy #: _____ Group#: _____

☐ Worker's Compensation ☐ Automobile Insurance

INTERVENTIONS (PROCEDURE ONLY - An order must be attached to this referral for any requested procedure)

THERAPEUTIC INJECTIONS

Epidural Steroid
Posterior Interlaminar Approach
☐ Cervical _____
☐ Thoracic _____
☐ Lumbar _____

Epidural Steroid
Transforaminal Approach
☐ Lumbar _____

Facet Joint Steroid
☐ Cervical _____
☐ Thoracic _____
☐ Lumbar _____

Sympathetic Blocks
☐ Stellate _____
☐ Lumbar _____
☐ Other _____
☐ Sacroiliac Joint Injection (R L Bilateral)
☐ Peripheral Nerve Block (R L Bilateral)
☐ Pudendal Nerve Block _____

Ultrasound Guided Joint Injection
☐ Shoulder _____
☐ Hip _____
☐ Knee _____
☐ Epicondyle _____
☐ De Quervain's _____
☐ Greater Trochanteric Hip Bursa _____

DIAGNOSTIC INJECTIONS

Selective Nerve Root Block
☐ Cervical Levels: _____
☐ Thoracic Levels: _____
☐ Lumbar Levels: _____

Facet Nerve Block
☐ Cervical Levels: _____
☐ Thoracic Levels: _____
☐ Lumbar Levels: _____

SPECIAL PROCEDURES

☐ Spinal Cord Stimulator
☐ Dorsal Root Ganglion Stimulator
☐ Peripheral Nerve Stimulator
☐ Intrathecal Pump
☐ Vertiflex
☐ Balloon Kyphoplasty
☐ MILD Procedure
☐ Intracept Procedure
☐ Radiofrequency Nerve Ablation
Level(s)/Location: _____
☐ Genicular Nerve Ablation
☐ OsteoCool Procedure

BURNSVILLE CLINIC
14551 County Rd 11, Suite 100
Burnsville, MN 55337

EDINA CLINIC
7235 Ohms Ln
Edina, MN 55439

MAPLE GROVE CLINIC
12000 Elm Creek Blvd N, #300
Maple Grove, MN 55369

BURNSVILLE SURGERY CENTER
14551 County Rd 11, Suite 110
Burnsville, MN 55337

CHASKA CLINIC
584 Bavaria Ln
Chaska, MN 55318

MAPLEWOOD CLINIC
1725 Legacy Pkwy E
Maplewood, MN 55109

WOODBURY CLINIC
683 Bielenberg Dr, Suite 103
Woodbury, MN 55125

EDINA SURGERY CENTER
7211 Ohms Ln
Edina, MN 55439