

Lake Washington Pain Management Referral Form

13122 120th Ave NE
Kirkland, WA 98034
425-678-8534

Patient name

Date of Birth

Phone number(s)

For pain management evaluation and transfer of care to Lake Washington Pain Management.

For yearly pain management evaluation and recommendations to continue treatment at referring clinic.

Please fax to **425-678-8564**:

1) a **current** medication list including dose strengths, frequencies, and quantities of all medications.

2) copies of last 3 clinic notes.

3) copies of reports from any pain condition related diagnostic testing that have been done.

4) copies of notes from any pain condition related specialist referrals that have been done.

Doctor Name

Address

City

State

Zip code

Phone number

Fax number