



PAIN RELIEF

CENTERS

Daniel E Lynch, MD/PhD

ABMS Certified in Pain Mgmt
ABMS Certified in Anesthesia

Mahendra R. Sanapati, MD

ABMS Certified in Pain Mgmt
ABMS Certified in Anesthesia

Xiaoli (Lily) Wang, MD/PhD

ABPM Certified in Pain Mgmt
ABMS Certified in PM&R

FAX: (502) 792-7272

Clinic Louisville: (502) 430-6223

Clinic Elizabethtown: (270) 600-7080

Louisville
5129 Dixie Hwy, Ste 201
Louisville, KY 40216

Elizabethtown
101 Financial Drive, Ste B-103
Elizabethtown, KY 42701

REFERRING PROVIDER

Referring Provider: _____ NPI # _____

Date: _____ Referral Contact: _____

Phone Number: _____ Fax Number: _____

Address: _____ City: _____ State: _____ Zip: _____

PATIENT INFORMATION

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ DOB: _____ SSN: _____

Reason for Referral:

Tentative Diagnosis: _____

Evaluate & Treat Procedure Request _____

Medication Mgmt Other Request _____

Please Include The Following Documentation

Patient Demographic info (include SSN)

LAST Office Note, H&P

Recent Imaging Studies

Copy of Insurance Card

Workers Comp: Date of Injury _____ Claim #: _____

Case Worker Name _____ Phone #: _____

If any problems with referral, please contact the Practice Manager: Mary Hill 502.780.6699 (Direct Line)