

New Patient Checklist

Name: _____

Contact Number: _____

- Referral from PCP, stating diagnosis
- MRI/Imaging report
- Current Pharmacy Report
- Discharge Letter from previous Pain Management Practice (**for patients who have been treated by another Pain Management office only)
- Orthopedic visit notes (**only for patients who have been evaluated by Ortho)

Please fax all requested documentation to our office with this form. You will be contacted if we need further information, or to be scheduled for a visit once you've been accepted into our program.

Patients are NOT reviewed for admission until all requested documentation has been received

Information for Referral

Chesapeake Pain & Wellness

Dr. Bryan Katz

12200 Annapolis Road, Suite 225

Glenn Dale, MD 20769

Phone: 301-867-2488

Fax: 301-390-6243

Other info:

Our services are self-pay only. We accept cash, credit and debit cards.

New patient visits \$340

Follow-up appointments \$300

Discounts available for current patients through our referral program

Save Money! Refer a Friend!

Referred by: _____