

# PAIN MANAGEMENT REFERRAL FORM

Awarded Accreditation by



Sussex Pain Relief Center  
18229 DuPont Blvd.  
Georgetown, DE 19947  
Phone: 302-514-7246  
Fax: 302-253-8028

**It's easy to forget to say thank you.** Healthcare, at its core, will always be a business of building and maintaining trust. I am grateful for the opportunity to partner with you. Please let us know how we can make your lives easier.

- *Dr. Manonmani Antony*  
BOARD-CERTIFIED INTERVENTIONAL PAIN SPECIALIST

<b>REFERRING PROVIDER</b>		
Name:	Phone:	Fax:
Practice Name:	Email:	
<b>SPRC PROVIDERS</b>		
Manonmani Antony, MD, DABA, DABIPP	Sonia Palermo, MSN, APRN	Debra Hayes, MSN, APRN
<b>PATIENT INFORMATION</b>		
Name:	Insurance:	Phone #:
Date of Birth:	Email:	
<input type="checkbox"/> Auto Injury / <input type="checkbox"/> Workers Comp		
Claim #	Date of Injury:	
<b>TYPE OF PAIN: (CHECK ALL THAT APPLY)</b>		
<b>Spinal Pain</b>		
<input type="checkbox"/> Back pain		
<input type="checkbox"/> Back pain and leg pain (sciatica)		
<input type="checkbox"/> Back pain after auto injury		
<input type="checkbox"/> Spinal stenosis		
<input type="checkbox"/> SIJ pain/buttock pain		
<input type="checkbox"/> Tailbone pain (coccydynia)		
<input type="checkbox"/> Neck pain		
<input type="checkbox"/> Neck pain and arm pain		
<input type="checkbox"/> Neck pain due to whiplash injury		
<input type="checkbox"/> Thoracic pain		
<b>Headache</b>		
<input type="checkbox"/> Occipital headache		
<input type="checkbox"/> Post-traumatic headache		
<input type="checkbox"/> Migraine headache		
<b>Extremity Pain</b>		
<input type="checkbox"/> RSD/CRPS - Upper extremity pain		
<input type="checkbox"/> RSD/CRPS - Lower extremity pain		
<input type="checkbox"/> Leg pain due to peripheral neuropathy		
<input type="checkbox"/> Leg pain due to peripheral vascular disease		
<b>Joint Pain</b>		
<input type="checkbox"/> Shoulder pain		
<input type="checkbox"/> Elbow pain		
<input type="checkbox"/> Hand/wrist pain		
<input type="checkbox"/> Hip pain		
<input type="checkbox"/> Knee pain		
<input type="checkbox"/> Ankle pain/foot pain		
<b>Other Pain</b>		
<input type="checkbox"/> Abdominal pain/groin pain		
<input type="checkbox"/> Chest pain		
<b>Post-op Pain/Pain after surgery</b>		
<input type="checkbox"/> Spine surgery		
<input type="checkbox"/> Knee surgery		
<input type="checkbox"/> Hip surgery		
<input type="checkbox"/> Ankle/foot surgery		
<input type="checkbox"/> Abdominal surgery		
<input type="checkbox"/> Other surgery		

For all requests, please attach the following information:

- Most recent notes describing the patient's pain problems and treatment
- Diagnostic test reports, i.e. X-rays/MRI/CT/lab tests pertinent to pain problem (if available)
- Copy of insurance card, current medication list

P2P direct messaging: [MANONMANI.ANTONY@SPR.ECLINICALDIRECTPLUS.COM](mailto:MANONMANI.ANTONY@SPR.ECLINICALDIRECTPLUS.COM), contact our IT to set it up