

Joshua Gitlin, MD  
James E. Honet, MD  
Todd E. Lininger, MD  
Timothy Matway, MD  
Alexander Tsinberg, MD  
Marc I. Wittenberg, MD



(248) 751-7246  
Fax (248) 418-2311  
www.neuro-pain.com

### Physician Referral Form

Date: \_\_\_/\_\_\_/\_\_\_ Referred by: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ SS#: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

**Primary Insurance:**  Medicare  BSBS-MI  Medicaid  Other: \_\_\_\_\_

Contract/Policy# \_\_\_\_\_ Group# \_\_\_\_\_ Subscriber: \_\_\_\_\_

**Secondary Insurance:**  BCBS-MI  BCBS-Other  Medicaid  Other: \_\_\_\_\_

Contract/Policy# \_\_\_\_\_ Group# \_\_\_\_\_ Subscriber: \_\_\_\_\_

Reason for Referral (Symptoms/Diagnosis): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ordering Physician Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Physician Signature: \_\_\_\_\_ NPI/UPIN#: \_\_\_\_\_

Address: \_\_\_\_\_

License# \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

#### Office Locations

**Bloomfield Hills**  
799 Denison Ct.  
Bloomfield Hills, MI 48302

**Clarkston**  
5701 Bow Pointe Dr. Ste. 305  
Clarkston, MI 48346

**Macomb Township**  
48801 Romeo Plank Rd. Ste. 103  
Macomb, MI 48044

**West Bloomfield**  
33200 West 14 Mile Rd. Ste. 220  
West Bloomfield, MI 48322