



3945 East Paradise Falls Drive Tucson, Arizona 85712
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Required Referring Office Information (Please Print)

Ref. Provider Name: _____
 Ref. Office Contact Name: _____
 Phone: _____
 Fax: _____
 Physician of Record: _____

REFERRAL FORM

(You can fill out this form online at ipcaz.org)

3 Simple Steps to Refer to IPCA *

*To better care for your patient, please complete all 3 steps before referring a patient to IPCA.
 We will contact the patient within 24 hours of receiving the **COMPLETED** referral.

STEP ONE

PATIENT INFORMATION

Patient Name: _____ Primary Insurance: _____
 DOB: _____ ID# _____
 Phone: _____ Secondary Insurance: _____
 Diagnosis _____ ICD-9 _____ ID# _____

STEP TWO

REQUEST ONE SERVICE ONLY

- Consult Only** (CPT: 99204 or 99205)
- Consult/Treat** (CPT: 99204 or 99205)
with 3 Follow-ups (CPT: 99214)
- Med Management**
- Procedure Only** (include CPT: 99204 or 99205)
• Please select procedure type in next column
- Psychology Testing and Evaluation**
with **Dr. Cela Archambault**
(CPT Codes are insurance specific
please call 797-7246 ext 114)
- Occupational Medicine & Disability Eval**
with **Dr. Randy SooHoo**
 - Disability Evaluation (CPT: 99456)
 - Work Status Evaluation (CPT: 99456)

For Procedure Only, please select one.

- Cervical Facet Injection** (CPT: 64490, 64491, 64492) x 3
- Lumbar Facet Injection** (CPT: 64493, 64494, 64495) x 3
- Cervical or Thoracic Epidural Steroid Injection**
(CPT: 62310, 62318, 64479-80, 77003) x 3
- Lumbar Epidural Steroid Injection**
(CPT: 62311, 62319, 64483-84, 77003) x 3
- Cervical or Thoracic Provocative Discography**
(CPT: 62291x4, 99144, 72285, 77003 and Thoracic CT - 72128)
- Lumbar Provocative Discography**
(CPT: 62290x4, 72295, 99144, 77003 and Lumbar CT - 72131)
- Cervical or Thoracic Analgesic Discography**
(CPT: 62291x4, 99144, 77003, 64479x4, 64480x4)
- Lumbar Analgesic Discography** (CPT: 62290, 64483-84, 77003) x4
- Peripheral Nerve Block** (CPT: 64450, 77003)
- SI Joint Injection** (CPT: 27096, 77003)
- Other Procedure:** _____

STEP THREE

REQUIRED DOCUMENTS

- Patient Demographic
- Prior Authorization (If applicable)
- Recent Office Note (Related to Pain Problem)
- Imaging Reports (i.e. MRI, X-Ray, CT Scan - Related to Pain Problem)

➔ **Please use this form as our formal request for this patient's medical records** ←



 Referring Provider Signature
 Referral Complete