

Our NEW Address 10412 Allisonville Road Suite 100 Fishers, IN 46038

Phone (317)- 572-2240 Fax: (317) 572-2235

Randall J. Franiak, M.D.

FAX REFERRAL-Comprehensive Pain Management

FAX to 317-572-2235

Patient Name	Dat	e	DOB
Patient Phone	Dat Cel	1	
Insurance	Primary Care P	rovide	r
	tral Indiana accepts most major health insurance plans of of eligibility is required. APMCI does not participa	and Medic	care. Some plans require prior
Diagnosis/Pain Proble	em		
-Lisa	mographics urance card for current Medications evant medical records including recent .	imaging	reports
Consultation with Dr. F	raniak at our main office. Narcotics are not prescribed	1.	
Evaluate and Treat f			
Type of Procedure (11 Patients schedul Patients schedul	known)	at either o	our main office or surgery center.
Patients that ha Dr. Franiak and	or ACUTE pain problem example: science an acute, or acute/severe pain problem would be soluted our Nurse Practitioner. We can evaluate if intervention if you expect APMCI to take over prescribing of contractions.	neduled asa ons/procedu	ap at our main office, with ures would be helpful.
or Spinal Cor Patients that ha Dr. Franiak. Th need to obtain A see our policies	or CHRONIC pain problem d Stimulator ve a chronic pain problem would be scheduled at our reerafter, our stable chronic pain patients are generally LLL relevant medical records prior to scheduling. Narregarding controlled substances (enclosed). We do not the from other clinics.	managed bootics are n	by our Nurse Practitioner. We will not prescribed on the first visit, please
*If the pat for Dr. Fra	ient has had recent imaging, please i niak to review. Thank you.	have the	em bring disc or film with then
Referring			
Provider	Phone		_Fax