Cy-Pain & Spine

CY-Fair Clinic
9717 Jones Rd. Ste. 100
Houston, TX 77065
Phone: (713) 568-6095
Fax: (713) 965-4091

Woodlands Clinic
9001 Forest Crossing Dr., Ste. D
The Woodlands, TX 77381
Phone: (713) 568-6095
Fax: (713) 965-4091

Memorial Clinic
1241 Campbell Rd.
Houston, TX 77055
Phone: (713) 568-6095
Fax: (713) 965-4091

Patient Information

LAST NAME:	**FIRST NAME:**	**DATE OF BIRTH:** **GENDER:** ☐ MALE ☐ FEMALE
PATIENT PHONE #:	☐ **INPATIENT** ☐ **OUTPATIENT**	**REFERRAL DATE:**

Insurance Information

PRIMARY INSURANCE:	**SUBSCRIBER NAME:**	**RELATIONSHIP TO PATIENT:** ☐ SELF ☐ SPOUSE ☐ OTHER
	SUBCRIBER ID:	**NAME OF INSURANCE:**

Referring Physician Information

PRACTICE NAME:	**PRACTICE PHONE #:**	**PRACTICE FAX #:**
REFERRING PHYSICIAN NAME:	**PHYSICIAN NPI #:**	**PHYSICIAN PHONE #:**
PATIENT SYMTOMS:	**ICD-10 CODES:**	**CPT CODES:** ☐ 20982 (Ablation Only) ☐ 20982 + 22513 (Thoracic – Kyphoplasty) ☐ 20982 + 22510 (Thoracic – Vertebroplasty) ☐ 20982 + 22514 (Lumbar – Kyphoplasty) ☐ 20982 + 22511 (Lumbosacral – Vertebroplasty)

Treating Physician Information

☐ BRIAN BRUEL, MD ☐ BAOMINH VINH, MD ☐ THUAN DAO, MD ☐ IAN LIPSKI, MD	**PATIENT IMAGING:** ☐ UPLOADED TO EMR ☐ IMAGING ON CD ☐ NEW IMAGING NEEDED	**IMAGE TYPE:** ☐ MRI ☐ CT ☐ PET/CT ☐ Other
DIRECT REFERRAL PHONE #: CELL: (832) 488-4890		
PROCEDURE REQUESTED: ☐ RADIOFREQUENCY ABLATION ☐ KYPHOPLASTY/VERTEBROPLASTY ☐ BIOPSY ☐ OTHER (CANCER PAIN EVALUATION)	**CURRENT TREATMENT(S):** ☐ RADIATION THERAPY ☐ SYSTEMIC THERAPY ☐ ANALGESICS	