



# Sweetwater

Pain and Spine

**Thank you for entrusting us with the care of your patient.  
We look forward to assisting you and providing high quality care to your patients.**

If you have a specific indication for a consultation or procedure, please mark below so that we may best accommodate your request.

Procedure/Treatment (Please visit our website to view a list of commonly performed treatments, and feel free to call if you have any questions regarding a particular procedure)

Type of Procedure: \_\_\_\_\_

**EMG/Nerve Conduction:** (Circle one)      *Upper Limbs*                      *Lower limbs*                      *Both*

**Pain Consultation:** (Circle one)                      *Acute*                      *Chronic*

**So that we may promptly accommodate your request, please provide us with the following:**

Referring Physician: \_\_\_\_\_

Office Contact: \_\_\_\_\_

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

Insurance: \_\_\_\_\_

Date: \_\_\_\_\_ Patient DOB: \_\_\_\_\_ Patient phone#: \_\_\_\_\_

Provider Phone/Fax: \_\_\_\_\_

Please include the following: office notes, insurance information, demographic sheet, imaging (MRI), and any other pertinent clinical studies.

Please do not hesitate to call if you have any questions or need more immediate assistance.

Thank you for referring your patient to us!

**Central Reno:**

645 N Arlington Ave Ste 670  
Reno, NV 89503

**South Reno:**

10451 Double R Blvd  
Reno, NV 89521

**Sparks:**

4838 Sparks Blvd Ste 102  
Sparks, NV 89436

**Carson City:**

1365 Medical Pkwy  
Carson City, NV 89703