



Dr. Julie Chen, *Pain Specialist*
Meritra Clinics LLC.
109 Commerce Park Dr.
Westerville, OH 43082
Phone: 614-882-1434 Fax: 614-882-1623

To Whom It May Concern,

Thank you for your interest in referring your patients to Meritra Clinics. Please provide the following documentation on the referred patient:

1. Referral Form (Page 2 provided with this letter)
2. Clinical Notes for the three most recent visits (must include vitals)
3. Any Diagnostic Reports (e.g.; MRIs, X-Rays, Lab Tests, most recent liver function test, EKG). **IMAGING REPORTS ARE NECESSARY TO BE CONSIDERED FOR MEDICATION THERAPY.**
4. A list of prior surgeries, if any
5. A list of current medications, if any
6. Pain Medication history, including which medications have been used, the dosage, how long the patient tried each medication, and any adverse effects experienced.
7. Reason for Dismissal if patient was dismissed from your office
8. If the patient was previously treated at another pain management facility, please provide the office notes from that facility as well.
9. Psychiatric evaluation if one was done.

PLEASE BE AWARE THAT WE CANNOT SCHEDULE PATIENTS FOR A NEW CONSULTATION WITHOUT A COMPLETE SET OF RECORDS. INCOMPLETE REFERRALS WILL NOT BE CONSIDERED UNTIL ALL THE INFORMATION IS PROVIDED. Please notify your patient that we will contact them to schedule an appointment upon reviewing the referral. Please note that we do not accept self-pay, Progressive, Safe Auto, Tricare, and Community Plan (Unison)

Thank you, and have a great day!

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Referring Practice: _____

Address: _____

Phone Number: _____ Fax Number: _____

UPIN Number: _____ NPI Number: _____

Patient Name: _____

Patient Address: _____

Patient DOB: _____ SSN: _____

Phone Number(s): _____

Insurance Name: _____

Subscriber Name: _____ DOB: _____

Check if same as above

Policy Number: _____ Group Number: _____

Insurance Address: _____

Insurance Phone Number: _____

Referring Physician Name: _____

Referring Physician Signature: _____ **Date:** _____