

Referral To Interventional Pain Specialists- James E. Wilson, M.D.

Phone:877-873-7546 –(877-87 Dr Jim) Fax:877-893-7546 - (877-89 Dr Jim)

DATE: _____ Referred for: Consult Procedure

James E. Wilson, M.D.

Jay F. Kiokemeister, D.O.

Please complete this form and fax to: 877-893-7546 (877-89 DR JIM)
Include pertinent office note, imaging studies, insurance authorization.

Referring Physician _____ Phone _____ Fax _____

PATIENT INFORMATION

Last Name _____ First Name _____ MI _____ DOB _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Insurance Company Name _____ Policy # _____ Group # _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Co-Pay _____ Deductible _____

Insurance Authorization # _____ # Visits Authorized _____ Claim # _____ Date of Injury _____

Diagnosis _____

Services/Procedures Requested _____

CT Required

PREFERRED OFFICE LOCATION:

Naperville 101 E. 75th Street Suite 110, 60565 (FLUORO available)

Warrenville 27650 Ferry Road, Suite 150, 60555 (CONSULTATION ONLY)

PREFERRED PROCEDURE LOCATION:

Our office will call your patient within 24 hours to schedule an appointment.

Naperville Office Fluoro Suite (No IV Sedation)

Bolingbrook Pain Clinic, Bolingbrook

DuPage Orthopedic Surgical Center, Warrenville

Kendall Pointe Surgery Center, Oswego

Naperville Surgical Center, Naperville

Salt Creek Surgery Center, Westmont

Adventist Bolingbrook Hospital

Adventist Hinsdale Hospital