

LCA Pain Clinic Referral Information

To schedule patients or for questions call:

Patients new to LCA 319-743-7301

Repeat patients – call the hospital directly:

- Mercy (319) 398-6636
- St. Luke's (319) 369-8204

Appointment Information:

Patient Name _____

Birth date _____

SSN _____

Telephone # _____

Appointment Date _____

Appointment Time _____

Location of pain: cervical thoracic lumbar other _____

Requested Interventional Pain Services:

- Consultation, evaluation and treatment
- Consultation only. Please respond with treatment plan
- Procedure only _____
- Other _____

Please list all radiology studies completed pertinent to patient's pain problem along with the name of the providing facility:

Referred by: _____ PCP: _____

Additional comments: _____

Please fax this completed form and the physician's evaluation of the pain problem (including the initial evaluation and the patient's response to prior treatments) to the hospital where the patient is scheduled.

Mercy (fax) 369-4523

St. Lukes (fax) 368-5609

Thank you for your assistance in providing us with this information.