



PAIN ZERO

INTERVENTIONAL PAIN & MINIMALLY INVASIVE SPINE SPECIALISTS

Preferred Provider

- Marcus Harris, MD
- Junaid Mukhdomi, MD
- Taif Mukhdomi, MD
- First Available

Preferred Location

- New Albany
- Westerville
- Grove City
- Hilliard

CONSULT TYPE

- General Pain Consult
- Surgical/Orthopedic Pain Consult
- Cancer Pain Consult
- Pediatric Pain Consult
- Other: _____

Pain Location:

- Back
- Neck
- Shoulder
- Arm
- Hip
- Knee
- Pelvic
- CRPS
- Post Surgical Pain
- Non-Surgical Candidate
- Abdominal
- Pain
- Facial
- Headache
- Hand
- Foot
- Other: _____

Please include the following information along with the Referral:

- Demographic Information
- All Imaging
- Recent Progress Notes
- Insurance information
- Attorney and BWC complete information

Patient Name: _____

Patient Contact Number: _____

Primary Insurance: _____ Secondary Insurance: _____

Referring Provider Information

Provider Name: _____

Provider Fax Number: _____

Provider Specialty: _____

Provider Address: _____

Office Staff Contact:

Name of Contact: _____

Phone Number of Contact: _____

Fax: 877- 409-2415 Phone: 614- 647- 2526



PAIN ZERO

INTERVENTIONAL PAIN & MINIMALLY INVASIVE SPINE SPECIALISTS

PREFERRED PHYSICIAN

- FIRST AVAILABLE
- JUNAID MUKHDOMI, MD
- MARCUS HARRIS, MD
- TAIF MUKHDOMI, MD

PREFERRED LOCATION

- FIRST AVAILABLE
- NEW ALBANY WESTERVILLE
- GROVE CITY HILLIARD

PLEASE INCLUDE COPIES OF DEMOGRAPHICS RECENT NOTES IMAGING
 INSURANCE/WORKERS COMP/ATTORNEY INFO

PATIENT INFORMATION

Name

DOB

Home Phone Number

Cell Phone Number [if different]

Email

CONSULT TYPE

- GENERAL PAIN SURGICAL/ORTHOPEDIC PAIN VASCULAR
- OSTEOPOROSIS
- CANCER PAIN PEDIATRIC PAIN 2ND OPINION INFUSION VIRTUAL
- WEIGHT LOSS WORKERS COMP PERSONAL INJURY

REFERRING PROVIDER INFORMATION

Provider Name

Practice Name

Staff Contact

Contact Phone/Email

CHIEF PAIN COMPLAINT

- BACK NECK SHOULDER ARM HIP KNEE PAINPUMP FRACTURE
- CRPS POST-SURGERY PAIN NON SURGICAL CANDIDATE PELVIC
- ABDOMINAL FACIAL HEADACHE HAND FOOT EDS ITCH
- STIMULATOR OTHER _____

LOCATIONS: NEW ALBANY 5031 Forest Drive Ste C
WESTERVILLE 450 Alkyre Run Drive Ste 340

GROVE CITY 4207 Gantz Road
HILLIARD 4643-4645 Leap Court

Fax: 877- 409-2415 Phone: 614- 647- 2526