



Centers  
Excellence  
AMERICAN PAIN SOCIETY  
Award Recipient 2008



*Conquering Pain thru Function*  
Since 1983

**Financial Class**

- Worker's Compensation
- Texas Mutual/  
Texas Star/WorkWell
- Private Insurance
- Self Pay

Date: \_\_\_\_\_

Patient: \_\_\_\_\_ DOI: \_\_\_\_\_ Phone: \_\_\_\_\_  
Please Print

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Please Print

Physician Signature: \_\_\_\_\_ E-mail: \_\_\_\_\_

**CHRONIC PAIN MANAGEMENT**

**Functional Restoration Program\***

- Evaluate and Treat as necessary
- Evaluation with Recommendations/Return Patient after Consultation
- Evaluate and Treat (Surgical Option Process)

*\* includes medication management, physician care, nursing, physical and occupational therapy, case management, biofeedback, psychology, education, MMI and IR when applicable and post-program follow-up.*

**Other Services**

- Orthopedic Consultation
- PM&R Consultation
- PT/OT
- Functional Capacity Evaluation
- EMG
- MMI/IR

Therapeutic Injection (Evaluate and Treat)

- Facet
- Stellate Ganglion Block
- ESI
- Other, specify \_\_\_\_\_
- Psychological Counseling
- Biofeedback
- Other \_\_\_\_\_

***Physician Preference***

- Any Doctor (1st Available Appointment)
- Tom G. Mayer, M.D.
- Rory Allen, D.O.
- Gregory Powell, M.D.
- Albert Vu, DO

**Main Location:**

5701 Maple Avenue, Suite 100  
Dallas, TX 75235

**Satellite Clinic:**

5583 Davis Blvd., Suite 200  
North Richland Hills, TX 76180

**Satellite Clinic:**

4461 Coit Rd., Suite 200  
Frisco, TX 75035

*\* As a service to you, this office will handle all pre-authorization requirements. Please fax this form with patient demographics, all diagnostics, first and last medical reports, operative notes and any impairment/MMI information.*

REV 03/18/2021

5701 Maple Avenue, Suite 100 • Dallas, Texas 75235 • 214-351-6600 • Fax 214-420-7829 • www.pridedallas.com