



SPECIALIZED PAIN MANAGEMENT

Daniel E. Batlan, MD, MBA

Johns Hopkins & Cleveland Clinic Trained

REFERRAL SHEET

Today's Date: _____

Referring Physician: _____

Referring Physician's Phone: _____

PATIENT INFORMATION

Name: _____

Diagnosis: _____

Home Phone: _____ Daytime Phone: _____

INSURANCE INFORMATION

Primary Insurance Company: _____

Secondary Insurance Company: _____

If available, please include the following information with your fax:

- The Most Recent Office Notes
- Radiology Reports
- Copy of the Patient's Insurance Card

***Fax all information to Referrals Department at
702.838.5085***

Thank you for the referral!

NORTHWEST

3150 N Teneya Way
Suite #600
Las Vegas NV 89128
[Next to Mtn View Hospital]

SUMMERLIN

10135 W Twain Ave
Las Vegas NV 89144
[In the S. Hualapai Pavillion]

GREEN VALLEY

10885 S Eastern Ave
Suite #100
Henderson NV 89052
[In the Eastern Hills Center]

EAST

3121 S Maryland Pkwy
Suite #101
Las Vegas NV 89109
[Across Sunrise Hospital]

SOUTHWEST

5380 S Rainbow Blvd
Suite #110
Las Vegas NV 89118
[Next to Spring Valley Hospital]

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