



Valery D. Tarasenko, MD  
Medical Director  
Board Certified in Pain Medicine &  
Anesthesiology  
NPI: 1912981713  
CA License: A72444  
Tax ID: 20-1241336  
USDOL ID: 163022500

Fax: 707-359-2259  
Phone: 707-359-2255  
Email: auth@paininstitute.org  
Attn: Mary Fernandez

## NEW PATIENT REFERRAL FORM

Thank you for your referral to Dr. Tarasenko.

Please fax/ mail this form together with patient demographics, authorization, MRI, CT scan report & pertinent medical records

**Patient Name:** (last) \_\_\_\_\_ (first) \_\_\_\_\_  
DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Patient SSN: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Address: \_\_\_\_\_

**Referred by:** (last name) \_\_\_\_\_ (first) \_\_\_\_\_ NPI #: \_\_\_\_\_  
Referring Physician Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Referring Physician Address: \_\_\_\_\_

**Insurance/Comp Carrier:** \_\_\_\_\_  
ID/Claim#: \_\_\_\_\_ DOI/Group #: \_\_\_\_\_  
Adjuster: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
Authorization: \_\_\_\_\_

**Reason for referral:**     Evaluation Only     Evaluate & Treat     Routine     ASAP  
                                  Procedure             Suboxone detox     Medication management

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_