

**New England Advanced Spine & Pain Center
Bassem Abraham MD**

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Trumbull, CT 06611
203-548-7590

Pain Management Referral Form

Thank you for the referral of your patient. Please complete the information listed below, and fax this referral form back to **855-950-0826**. We will call the patient and schedule an appointment.

Referring Physician: _____ Tel #: _____

Patient's Name: _____ Tel #: _____

Reason for referral:

1. Back Pain
2. Neck Pain
3. Abdominal/Pelvic Pain
4. Joint Pain
5. Upper/Lower Limb Pain
6. Headache
7. Fibromyalgia
8. Opioid Tapering
9. Opioid Detoxification
10. Other: _____

Physician's Signature: _____ Date: _____