

**GATEWAY
SPINE & PAIN
PHYSICIANS**

John K. Hong, M.D. and Andrew Kalin, M.D.
Interventional Pain Specialists
Board Certified, ABA

Main: 630.226.1130
Fax: 630-226-1134
Web: gatewaypain.com

PHYSICIAN _____

PATIENT NAME _____ Date: _____

DOB: _____ Date of Procedure: ____/____/____

REQUEST FROM: JOHN K. HONG, M.D. STACIE WHARTON PA-C
ANDREW KALIN, M.D. GEORGE CHARUK, M.D.

PROPOSED PROCEDURE: Epidural Steroid Injection
 Facet Joint Block/injection/RF
 Nerve Block
 Spinal Cord Stimulator trial/implant/removal
 Discogram
 Sympathetic Block
 Other: _____

Doctor is requesting medical/cardiac clearance for surgery and the results of the following labs.

CBC Other _____

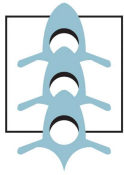
PT/INR Other _____

Patient's condition will permit the proposed surgery:

Yes
 NO Rationale (please describe) _____

Physician Name (Print) _____
Physician Signature _____ Date _____

Our fax number is 630-226-1134. We can be reached at 630-226-1130.



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