



9400 WESTHEIMER RD, SUITE 4, HOUSTON, TX 77063

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**DR. ROBERT T. CASIMIR, DO**

**Interventional Pain Management Anesthesiology**

**ORDER DATE:** \_\_\_\_\_

**PATIENT NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**MALE / FEMALE:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**DOI:** \_\_\_\_\_

**REFERRING DOCTOR:** \_\_\_\_\_ **SIGN:** \_\_\_\_\_

**DOCTOR PHONE:** \_\_\_\_\_ **DOCTOR FAX:** \_\_\_\_\_

**DOCTOR EMAIL:** \_\_\_\_\_

**ATTORNEY:** \_\_\_\_\_

**ATTORNEY PHONE:** \_\_\_\_\_ **ATTORNEY FAX:** \_\_\_\_\_

**ATTORNEY EMAIL:** \_\_\_\_\_

	<b>MD Consultation</b>		<b>Interventional Procedures</b>
	<b>Pain Management Consultation</b>		Epidural Steroid Injections
	Law Back Pain		Selective Nerve Root Block
	Neck Pain		Facet Injections
	Herniated Disc		SI Joint Injections
	Sciatica		Trigger Point Injections
	SI Joint Dysfunction		Major Joint Injections

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

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