Karan Madan M.D., M.P.H.

Interventional Pain Medicine

For Priority Scheduling FAX to: (713) 263-3425

Fax from: **REFERRAL FROM:** NPI: 1332 Pin Oak Road ADDRESS: Katy, TX 77494 PHONE: FAX: TEL: (713) 714-7192 FAX: (713) 263-3425 CONTACT: DATE: **Patient Information: Patient Name:** Date of Birth: **Home Phone:** Work Phone: **Cell Phone: HEALTH INSURANCE-** check all that apply ☐ Medicare ☐ Medicaid ☐ Aetna ☐ Blue Cross ☐ United Healthcare ☐ Cigna ☐ Workers Comp ☐ None □ Other Subscriber ID: Group #: Please Evaluate and Treat Patient For: **Symptoms Diagnosis** Please attach the following if applicable: Notes to Doctor: □ Patient Demographics ☐ Last Three Office Visit Notes ☐ Pertinent Imaging Results ☐ _____ Not Available

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