

Applied Pain Institute, LLC

1015 S. Mercer Ave

Bloomington, IL 61701

AppliedPainInstitute.JiLi@117318.advancedmd-direct.com Send us an online referral!!

Phone: 309-662-0088

Fax: 1-855-598-5651 or 309-662-0089

☐ Ji Li, MD – Interventional Pain Management

**Instructions:**

1. **COMPLETE ALL SECTIONS** – blank sections could cause a delay in treatment
2. Attach all imaging reports/other testing related to this condition
3. Attach demographics and copy(ies) of insurance cards.

Patient's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (C): \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

☐ Workers Compensation? If yes, you **MUST OBTAIN A WRITTEN AUTHORIZATION** for pain management.  
Once you have written authorization, include it with this fax along with all other pertinent information.

Referring Doctor's \_\_\_\_\_

Referring Doctor's NPI: \_\_\_\_\_

Referring Doctor's Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Reason for referring patient/diagnosis: \_\_\_\_\_

Diagnostic Imaging completed: \_\_\_\_\_

Has this patient been seen by Dr. Ji Li in the past? (circle) YES NO

Has this patient been seen by other pain clinics in the past? (circle) YES NO

If yes, attach contact information to other providers and reports detailing treatment

Other pertinent information: \_\_\_\_\_