



**INTERVENTIONAL  
PAIN INSTITUTE**  
Diagnosis & Treatment of Spine, Cancer and Chronic Pain

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**Barrett A. Johnston, M.D.**

Harvard Trained

Board Certified in Pain Management

Board Certified in Anesthesia

## Referral Form

Referring Facility: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Facility Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please include the following (if available):*

☐ Most Recent Clinic Notes ☐ Patient Demographics ☐ Insurance Info ☐ Imaging

Patient's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Pain Complaint: ☐ Back ☐ Neck ☐ Cancer Pain ☐ Other: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

*For your convenience, would you like us to send:*

☐ Initial note ☐ Follow-up notes ☐ Imaging/Procedures ☐ All ☐ No updates needed

**Should you need to contact someone from our office:**

- Kaci Pogue- Referral Manager/ Front Office Manager | Kaci@ipipain.com, Ext: 203
- Jamy Coombes- Clinical Manager | Jamy@ipipain.com, Ext: 202
- Candice Perdue- Attorney Liasson | Candice@ipipain.com, Ext 204
- Kindra Torregano- Receptionist | Kindra@ipipain.com, Ext 211
- Sutton Johnston- Practice Administrator | SuttonJohnston@ipipain.com

**Thank!**   
**you!**  
for the  
referral