ORANGE COUNTY
PAIN AND WELLNESS

Medical Director
Richard Paicius, M.D.
Pain Management

Authorization Request for a One Day Multidisciplinary Evaluation for the Functional Restoration Program

Date: _____

Patient Name: _____

Telephone: (_____) _____

Address: _____

Insurance Co.: _____ Adjuster: _____

Telephone: (_____) _____

Claim No.: _____ Fax: (_____) _____

Date of Injury: _____

Diagnosis: _____

This patient has failed conservative treatment(s) and has continued/increased symptomatology. The patient requires a multidisciplinary evaluation to determine if they are a candidate for the functional restoration program and to develop a more comprehensive non-surgical/non-invasive treatment plan that would adequately address such conditions as chronic pain syndrome.

Check all of the following that specifically pertain to the patient you are referring:

- ❑ **Concern for escalating medication doses, tolerance, dependency or addiction**
- ❑ **Exhausted all traditional pain management modalities including interventional procedures, medication trials and is not a surgical candidate**
- ❑ **Current psychological dysfunction is not adequately being addressed, emotional condition declining or increased frustration, depression or anxiety**
- ❑ **Patient has not shown any significant functional gains after participating in physical therapy**
- ❑ **Patient exhibits poor coping skills and appears to struggle with self management.**
- ❑ **Patient is seeking noninvasive/non-surgical treatment alternatives to manage chronic pain**
- ❑ **Other:**_____

Referring Physician: _____

Signature: _____

Please fax this request and a copy of the medical report to our authorizations department at 949-999-8362

Thank you for your confidence and referral of this patient.

1401 N. Tustin Ave. Ste 360 • Santa Ana, CA 92705 • (714) 972-0906