



# LEBANON PAIN RELIEF CENTER

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## CONSULTATION REQUEST

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**Office Location:** 918 Russell Drive, Lebanon, PA 17042 | Phone: 717-272-7272 | Fax: 717-272-0072

Patient First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

Contact Person at Physician's Office: \_\_\_\_\_

Insurance (optional):  Medicare  Health Insurance  Workers Compensation  Auto PIP  LOP Attorney

Phone: 717-272-7272 | Fax: 717-272-0072

[www.LebanonPRC.com](http://www.LebanonPRC.com)

Thank you very much for your referral to Lebanon Pain Relief Center.