



Glenn Dale / Bowie  
Phone # 240-929-6652

# Synergy Spine and Pain Center

**Madhavi Chada, MD**

## Referral Order

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Referring Physician:**

**Name:** \_\_\_\_\_

**Practice:** \_\_\_\_\_

**Status:**  Routine  ASAP

**Diagnosis**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Facet Syndrome       | <input type="checkbox"/> Herniated Disc        | <input type="checkbox"/> Pelvic Pain     |
| <input type="checkbox"/> Spinal Stenosis      | <input type="checkbox"/> Radiculopathy         | <input type="checkbox"/> Abdominal Pain  |
| <input type="checkbox"/> Degenerative Disc    | <input type="checkbox"/> Fibromyalgia          | <input type="checkbox"/> Spasticity      |
| <input type="checkbox"/> Genicular Nerve Pain | <input type="checkbox"/> Cervicogenic Headache | <input type="checkbox"/> Myofascial Pain |
| <input type="checkbox"/> Post Herpetic Pain   | <input type="checkbox"/> Other: _____          |  |

**Treatment Requested**

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Discogram   | <input type="checkbox"/> Radiofrequency | <input type="checkbox"/> Genicular Nerve Block |
| <input type="checkbox"/> SI Joint    | <input type="checkbox"/> Med Management | <input type="checkbox"/> SNRB                  |
| <input type="checkbox"/> Facet Block | <input type="checkbox"/> SCS Trial      | <input type="checkbox"/> Occipital Nerve Block |
| <input type="checkbox"/> Epidural    | <input type="checkbox"/> Other: _____   |  |

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

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