



LEBANON PAIN RELIEF CENTER

CONSULTATION REQUEST

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

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