

Pain Specialty Consultants, P.A.

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Subspecialty Certification in Pain Management By American Board of Anesthesiology • Diplomate American Board of Anesthesiology • Fellowship in Pain Management • Diplomate American Board of Pain Medicine

<https://www.paindoctorsa.com/>

Appointment Request Form for Patients or Health Care Providers

*Date _____

*Patient's Name _____ *Age _____

*Patient's Telephone # _____ (Best time to Call between 9:30 am and 4:30 pm)

*Diagnosis/ Painful region _____

Referring Health Care Provider _____ Phone _____

Family Doctor _____ Phone _____

*Insurance Name: _____ PPO/HMO _____

Preferred Appointment location: _____

Additional Information _____

Please have the patient bring all pertinent information including reports of recent X-Rays, CT scans, MRI's, list of medications and allergies etc

To request an appointment, patients or health care providers may fill up this form and submit it online or fax it to us. The office will call you back to get other necessary information.

*** Indicates Mandatory information**