

FAX COVER



Integrated Pain Specialists of Southern California, Inc.

Kevin S. Smith, M.D.

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Attn: Medical Records

Patient contacted our office and says that _____ is referring him back to Dr. Smith for a pain management interventional procedure.

Before we can schedule an appointment, we require medical records. Please fax our office the most recent **doctor's note(s), any new or recent imaging studies relating to the patient's pain diagnosis, Demographics, and any other pertinent information** for Dr. Smith's review. Once received, we will call the patient to schedule an appointment.

Please fax medical records to (858) 300-1145.

If you have any questions, please call me at: (619) 398-2988.

Thank you.

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