

Brookings

HEALTH SYSTEM



Brookings Health System Pain Management
300 22nd Avenue
Brookings, SD 57006
Telephone: 605-696-8888
Fax: 605-696-8889

Patient Name _____ Date of Birth _____

Address _____

Best phone # _____ Alternate phone # _____

Referring Provider _____

Contact Person _____

Phone _____ Fax _____

Diagnosis/Reason Patient needs to be seen:

Please fax this form, **records**, demographics, imaging and insurance card to **(605) 696-8889**.

For Brookings Health System Office Use:

Scheduled date & time _____