



# PRIVATE PRACTICE

CONCIERGE PAIN MANAGEMENT

Phone: 725.239.3200

**WEEKDAY ● EVENING ● WEEKEND ● TELEMEDICINE**

**Please send to [scheduling@privatepracticelv.com](mailto:scheduling@privatepracticelv.com) or Fax 725-239-3090**

Date \_\_\_\_\_

### Patient Information

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Loss \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Language Preference \_\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

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### Attorney Information

Law Firm \_\_\_\_\_

Case Manager \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

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### Referring Provider Information

Referring Provider Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Imaging \_\_\_\_\_ X-Ray \_\_\_\_\_ MRI \_\_\_\_\_ Facility Completed at \_\_\_\_\_

Injured Body Part(s) \_\_\_\_\_

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### Appointment Information

Pain Management Consultation \_\_\_\_\_

Specific Treatment/Procedure \_\_\_\_\_

**Heal Strong. Live Strong.**



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Main Office Phone Number: 725.239.3200 | Fax Number: 725.239.3090

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**We Offer: Same Day | Week Day | Evening | Weekend | Telemedicine Appointments  
Bilingual Staff | Transportation**

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### **Schedule, Reschedule, or Cancel Appointment**

Email: [scheduling@privatepracticelv.com](mailto:scheduling@privatepracticelv.com)

Phone: 725.239.3200 Ext. 401

### **Treatment Recommendations**

Email: [recommendations@privatepracticelv.com](mailto:recommendations@privatepracticelv.com)

Phone: 725.239.3200 Ext. 403

Direct Phone: 725.239.3421

### **Medical Records**

Email: [medicalrecords@privatepracticelv.com](mailto:medicalrecords@privatepracticelv.com)

Phone: 725.239.3200 Ext. 404

Direct Phone: 725.239.3132

### **Billing**

Email: [billing@privatepracticelv.com](mailto:billing@privatepracticelv.com)

Phone: 725.239.3200 Ext. 402

Direct Phone: 725.239.3128

## **Location**

**Address: 5185 S. Durango Drive Suite 1 Las Vegas, NV 89113**

