



PRECISION

SPINE & PAIN MANAGEMENT

New Patient Dept. (210) 960-5111
Fax all referrals to (210) 757-3255

Yurii D. Borshch, MD FRCPC

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

Please include A Copy

Referral Form & Patient Demographics
Copy of imaging Study, if available

Ivan Fom,

Diplomate of the American
Board of Anesthesiology
Pain Management Specialist

PATIENT INFORMATION

First Name _____ Last Name _____

Phone Number _____ Date of Birth _____ Insurance Carrier _____

Diagnosis _____

() Evaluate & Treat for _____ () Injection _____ () Other _____

REFERRING CLINIC INFORMATION

Referred by _____ MD _____ PA _____ RNP _____ DO _____ DPM _____ DC _____

Authorized Signature _____ Date _____ Office Phone _____

SPECIAL INSTRUCTIONS

PRECISION SPINE & PAIN MANAGEMENT

Lockhill Selma Location

1642 Lockhill Selma Rd
San Antonio, TX 78213

P. 210.233.9331 F. 210.233.9454
www.precisionpaindoctor.com

* Saturday Clinic Available

Appointment date: _____ Time: _____

Please bring a copy of Imaging Study, if available

Culebra Location

9026 Culebra Rd, Ste
San Antonio, TX 78251

P. 210.233.9331 F. 210.233.9454
www.precisionpaindoctor.com

* Saturday Clinic Available

Appointment date: _____ Time: _____

Please bring a copy of Imaging Study, if available

Boerne Location

109 Faks Ct, #500
Boerne, TX 78006

P. 210.233.9331 F. 210.233.9454
www.precisionpaindoctor.com

* Saturday Clinic Available

Appointment date: _____ Time: _____

Please bring a copy of Imaging Study, if available