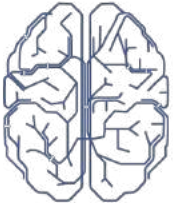

UCLA TMS

Clinical and Research Service

Westwood Campus
760 Westwood Plaza
Los Angeles, CA 90095 - 1759

Phone: 310-825-7471
Fax: 310-825-7642

Provider Referral for Evaluation for Scrambler Therapy

Patient Name: ____________________ Patient Phone: ____________________

Referring Provider: ____________________ NPI #: ____________________

Provider Address: ____

Provider Phone #: ____________________ Provider Fax #: ____________________

Provider Email: ____

Evaluate and Treat For:

☐ G62.0 Drug-Induced Polyneuropathy ☐ G89.3 Neoplasm Related Acute or Chronic Pain

☐ G89.2 Chronic non-malignant pain, back ☐ M54.3 Sciatica ☐ G54.6 Phantom Limb Syndrome

☐ B02.29 (other) and B02.22 (Post-herpetic trigeminal neuralgia)

☐ Post-Thoracotomy Pain (G89.22); Post-Mastectomy Pain (G89.28) ☐ G54.0 Brachial Plexus Neuropathy

☐ M54 Dorsalgia ☐ G62.89 (Diabetic Polyneuropathy) ☐ Other (See Comments)

Other (specify): ____

Additional Notes: ____

Provider Signature: ____

Date: ____________________

Please fax this form to 310-825-7642

If you prefer, you can email us at **TMSReferrals@mednetucla.edu** with questions or completed referral forms.
We accept interal referrals through CareConnect, please visit our website at **tms.ucla.edu/schedule.php** for more details.

Thank you for referring your patient to our service. One of our staff will contact you promptly.