

Beacon Pain Clinic
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Boise, ID 83702
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Pain Management and Interventional Spine Care

Referring provider information

Referred by (MD/PA/NP) _____

Phone: _____ Fax: _____

Patient information

Last name: _____ First name: _____

DOB: _____ Gender: Male/Female

Patient phone: _____

Patient Address: _____

City/State/Zip: _____

Reason for referral

Diagnosis: _____

Type of service requested: _____ Consultation
_____ Injection
_____ Medication management
_____ 2nd opinion

Please fax this form along with the patient's insurance information