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Hillsboro
Loveland
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Mt. Orab

Pain Pump Roadmap

Pain Pump Trial Date: _____

Pain Pump Implant Date: _____

- Home exercise program completed
- OR**
- Physical therapy completed (Location: _____)
- Surgical consult completed (or N/A)
- Recent imaging completed
- Psychological evaluation completed (Call CareWright at (214)918-1999 to schedule)
- Other/ Comments: _____

Patient Name: _____ Date of Birth: _____

Patient Signature: _____ Today's Date: _____

If you have any questions about any of the above, please contact our Care Coordinator, Gabie Young, at (513)-427-8529