

Note: A Summary of Care Record (SCR) for this patient will be sent separately.

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[ID:2880309-H-20094]

Referral Order

10/30/2025

To Provider	From Provider
THE SUMMIT (PAIN MANAGEMENT) 1818 E 23RD. AVE HUTCHINSON, KS 67502 Phone: Phone: (620) 663-4800 Fax: Fax: (833) 615-2260	MELANIE EMILY, FNP-C Heart of Kansas Family Health Care 1905 19th Street GREAT BEND, KS 67530-2502 Phone: 620-792-5700 Fax: 855-463-0851

Referral Order Information

Diagnosis	<ul style="list-style-type: none">• Chronic low back pain ICD-10: M54.50: Low back pain, unspecified
Order Name	Orders included: 1 Chronic low back pain ICD-10: M54.50: Low back pain, unspecified <ul style="list-style-type: none">• PAIN MANAGEMENT REFERRAL Schedule Within: provider's discretion Authorization: *SELF PAY* NOTREQUIRED Not Required for 99499
Notes	

Patient Information

Patient Name	
Sex - DOB - Age	
Address	
Phone	
Primary Insurance	*SELF PAY*
Secondary Insurance	None recorded.

Electronically Signed by: MELANIE EMILY, FNP-C