

**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
<b>THE SUMMIT (PAIN MANAGEMENT)</b>  1818 E 23RD. AVE HUTCHINSON, KS 67502 Phone: Phone: (620) 663-4800 Fax: Fax: (833) 615-2260	<b>MELANIE EMILY, FNP-C</b> 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

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

### Patient Information

<b>Patient Name</b>	[REDACTED]
<b>Sex - DOB - Age</b>	[REDACTED]
<b>Address</b>	[REDACTED]
<b>Phone</b>	[REDACTED]
<b>Primary Insurance</b>	*SELF PAY*
<b>Secondary Insurance</b>	None recorded.

Electronically Signed by: MELANIE EMILY, FNP-C