



Navdeep Loomba, M.D.
Global Pain Care
15610 Bear Valley Road, Suite A
Victorville, CA 92395
Tel: 760-245-9999
Fax: 760 245-8855
www.globalpaincare.com

Referral Form

Date: _____

Referring Doctor: _____

Contact No: _____

Patient Name: _____

Diagnosis: _____

Phone No: _____

Insurance: _____

If possible, please bring Medical history, Radiology reports (MRI, CT scan) or labs and Medication list. The doctor's office can also fax them to our office.