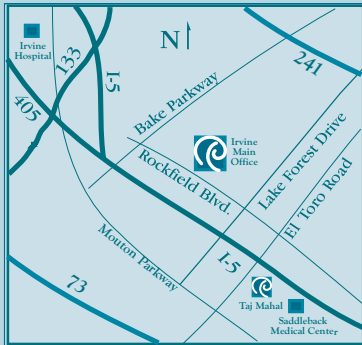


To refer a friend or family member, please complete this form and either give to the person, or fax to PainCare at 949-457-9922 along with contact information. Please include your own name and contact information if you would like to be acknowledge for your referral.

*I am referring,*

Mr.  
Ms.  
Mrs.

*Relationship and contact information,*



- Larry Ho, MD**
- Khang Lai, DO**
- Lido Chen, MD**

**IRVINE PAINCARE CENTER**  
15701 Rockfield Boulevard, Irvine, CA 92618  
(949) 457-9900, fax (949) 457-9922

**LAGUNA HILLS CLINIC**  
23521 Paseo de Valencia, Ste. 204, Laguna Hills, CA 92653  
(949) 458-2026, fax (949) 273-8053

**STEP I: TYPE OF CONDITION**

- Back Pain
- Sciatica
- Neck Pain
- Headaches
- Joint Pain
- Nerve Pain
- Fibromyalgia
- RSD, CRPS
- Shingles

**STEP II: REFERRAL FOR**

- Treatment Recommendation
- Epidural Steroid Injection
- Other Procedures
- Physical Therapy
- IDD Spine Decompression
- Chiropractic

*My name and contact information,*