



**Lon J. Lutz, M.D., D.A.B.P.M.**  
*Specializing in Interventional Pain Medicine*

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## Referral Form

**\*\*All referrals and orders need to be accompanied by a patient demographic sheet to expedite the patient being scheduled.**

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Patient's Phone

\_\_\_\_\_  
Patient's Date of Birth

\_\_\_\_\_  
Referral Date

\_\_\_\_\_  
Referring Physician's Name

\_\_\_\_\_  
Referring Clinic Phone

\_\_\_\_\_  
Referring Clinic

\_\_\_\_\_  
Appointment Date & Time

### Primary Area of Pain

- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Other (*please specify*):  
\_\_\_\_\_

### Referral Information

- Patient will call to schedule.
- Please call patient to schedule.
- Pain Consult Only
- Consult with Procedure
  - Specific Procedure: \_\_\_\_\_
  - Procedure at Dr. Lutz's Discretion
- Specific Procedure Only:  
\_\_\_\_\_

## Locations

**Minnesota Valley Surgery Center**  
1000 140<sup>th</sup> Street West  
Suite 102  
Burnsville, MN 55337  
(651) 313-8250 fax (651) 313-8251

**High Pointe Surgery Center**  
8650 Hudson Boulevard  
Suite 235  
Lake Elmo, MN 55042  
(651) 313-8250 fax (651) 313-8251

**Oakdale Office**  
***Business Office and Consults ONLY***  
7200 Hudson Boulevard North  
Suite 135  
Oakdale, MN 55128  
(651) 313-8250 fax (651) 313-8251