



## PAINLESS MEDICINE AND THERAPEUTICS

55 York Street | Suite 601 | Toronto, Ontario | M5J 1R7

P: 647 352 2862 | F: 647 352 2672 | info@painlessmedicine.ca

### ABOUT US

**Medical Director:** Dr. Dov Weiss M.D.C.M., FRCPC (Anesthesia)

**Multi-modal Chronic Pain Medicine Clinic in downtown Toronto**

*Accessible via Union Station - GO Trains, UP Express, and TTC*

Accepting new referrals for Medication and Interventional Pain Management

*Opioid management, Image guided procedures*

We do NOT negate FHN/FHO billing of referring providers - Anesthesiologist led pain team

We Treat ALL chronic pain conditions including:

Low Back Pain

Sciatica

Neck & Shoulder Pain

Fibromyalgia

Myofascial Pain

Chronic Migraine/Headache

### SERVICES

- ✓ Ultrasound guided Peripheral Nerve Blocks, Paravertebral Nerve Blocks, Trigger Point Injections
- ✓ Neuraxial Injections (epidural and caudal steroids)
- ✓ Botox Injections (non-cosmetic, for management of chronic migraine and back pain)
- ✓ PRP (Platelet Rich Plasma) Therapy
- ✓ Nutrition and diet counselling
- ✓ Stellate Ganglion Blocks for treatment of PTSD
- ✓ Virtual Reality Therapy for management of Chronic Pain syndromes
- ✓ Dextrose Prolotherapy

#### **Ketamine and Local Anesthetics Infusions**

*Chronic pain, Depression, Mood Disorders*

#### **rTMS (Rapid Transcranial Magnetic Stimulation)**

*First non-research facility in the GTA to provide novel therapy effective for Depression, Chronic Pain, Migraine, and Concussion symptoms*

#### **Dr. Roman Elinson, MD, CCFP, FCFP, DCAPM**

- ◆ University of Toronto Medical School Graduate
- ◆ University of British Columbia Family Medicine Graduate
- ◆ Interventional Pain Medicine
- ◆ Diplomate of the Canadian Academy of Pain Management
- ◆ Advanced Training in MSK Regenerative Medicine through American Academy of Orthopedic Medicine

#### **Dr. Saima Khan M.B.,B.S., CFPC**

- ◆ Medical Degree (Bachelor of Medicine, Bachelor of Surgery M.B.,B.S)
- ◆ Bariatric Specialist
- ◆ Interventional Pain Medicine
- ◆ Cannabinoid Specialist
- ◆ American Board of Obesity Management (ABOM) *in progress*



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### PATIENT INFORMATION

FIRST NAME AND LAST NAME

DATE OF BIRTH (YYYY/MM/DD)

HEALTH CARD NUMBER (VC)

ADDRESS

PHONE NUMBER

EMAIL ADDRESS

EMERGENCY CONTACT

### REFERRING PHYSICIAN INFORMATION

FIRST NAME AND LAST NAME

OHIP BILLING NUMBER

FAMILY PHYSICIAN (IF DIFFERENT)

ADDRESS

FAX NUMBER

PHONE NUMBER

EMAIL ADDRESS

### MEDICAL INFORMATION

- Headache/Migraines
- Neck Pain

- Shoulder Pain
- Low Back Pain

- Extremity Pain
- Fibromyalgia

OTHER

Current Medications

**Please attach copies of any relevant imaging reports, consultations, treatments, or surgical notes.**

In referring the patient, I acknowledge that I will resume care of my patient after discharge from the Painless Medicine and Therapeutics Clinic.

SIGNATURE

DATE

COMPLETED FORMS CAN BE FAXED OR EMAILED TO [INFO@PAINLESSMEDICINE.CA](mailto:INFO@PAINLESSMEDICINE.CA)