



# Physician Referral Form

Please fax the following with this referral form:

- Office notes relating to current pain
- Diagnostic & radiology reports
- Copy of patient's insurance card (front & back)
- Demographics

**Referral Fax #**  
**For All Locations**  
**678-385-3343**

- New Patient
- STAT (Please Call)
- Routine (3-4 weeks)
- Established Patient
- Expedited (1-2 weeks)

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_  
 D.O.B.: \_\_\_\_\_ Social Security number: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Referring MD: \_\_\_\_\_ NPI #: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Insurance Carrier:  HMO  POS  W/COMP  
 Evaluation & Treatment  Consult Only

Diagnosis \_\_\_\_\_  
 Treatment Recommended: \_\_\_\_\_

### Appointment Confirmation

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Scheduled By: \_\_\_\_\_

- |                                                     |                                                       |
|-----------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Epidural Steroid Injection | <input type="checkbox"/> Trigger Point Injection      |
| <input type="checkbox"/> Selective Nerve Root Block | <input type="checkbox"/> Facet Injection              |
| <input type="checkbox"/> SI Joint Injection         | <input type="checkbox"/> Median Branch Block          |
| <input type="checkbox"/> Lumbar Sympathetic Block   | <input type="checkbox"/> Discogram                    |
| <input type="checkbox"/> Peripheral Nerve Block     | <input type="checkbox"/> Implantable Nerve Stimulator |
| <input type="checkbox"/> Intercostal Nerve Block    | <input type="checkbox"/> Implantable Pump             |
| <input type="checkbox"/> Radio Frequency Ablation   | <input type="checkbox"/> Stellate Ganglion Block      |
| <input type="checkbox"/> Other: _____               | <input type="checkbox"/> Intradiscal Thermal Ablation |

Completed By: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Comments:** \_\_\_\_\_