



Physician Request for Referral-Procedures

Medical Plaza • 4500 Hospital Blvd, Suite 200 • Roswell, GA • 30076 • Phone (770) 751-2719 • Fax (770) 751-2609

Please fax to 770-751-2609. Include copy of Medical Notes, Imaging Reports, and Insurance card

DATE: _____ New Patient Established Patient

PATIENT _____ DOB _____ SSN _____
 Address _____
 Phone # _____ Alt Phone # _____
 Insurance Company _____ ID# _____

DIAGNOSIS/CONDITION: _____

REQUESTED PROCEDURE(S): Please Check

- Evaluate and Treat
- Epidural Steroid Injections: Cervical Thoracic Lumbar Caudal
- Cervical Facet/Nerve Block Level _____ Side _____
- Lumbar Facet/Nerve Block Level _____ Side _____
- Radiofrequency Ablation Lumbar/Cervical Facet Nerves Level _____ Side _____
- Selective Nerve Root Block Level _____ Side _____
- SI Joint Injection RT LT B/L
- Intercoastal Nerve Block Level _____ Side _____
- Lumbar Sympathetic Block RT LT B/L
- Stellate Ganglion Block RT LT B/L
- Discography Levels _____
- Vertebroplasty/Kyphoplasty Levels _____
- Spinal Cord Stimulation, trial
- Trigger Point Injections Site _____
- Other: _____

THANK YOU FOR YOUR REFERRAL! See status below.

- Your patient is scheduled to be seen at the Pain & Spine Center on _____.
- We've been unable to reach your patient after several attempts.
- You're patient declined to schedule an appointment.
- Dr. _____ has denied treatment due to _____.
- Dr. _____ recommends: _____.

Questions? Please contact our Referral Coordinator at (770) 410-4534