



## New Patient Referral Form

### BIRMINGHAM OFFICE:

1020 26th Street South,  
Birmingham, AL 35205  
Ph.: 205.332.3155 Fax: 866.644.8086

Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_ S.S. #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_ Contract #: \_\_\_\_\_ Grp: \_\_\_\_\_

### Worker's Compensation Information

Insurance Company: \_\_\_\_\_ DOI: \_\_\_\_\_

Claim #: \_\_\_\_\_ Adjuster/Case Mgr. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Reason for Referral

Take Over Management of Pain Medications Medical Mgt. Evaluate (consult only)

Evaluate and Treat Spinal Cord Stim Eval Procedure Only Procedure and Treat

#### Procedures: (please circle all that apply or write in any procedure not listed)

Epidural (LESI, CESI, TESI, TFESI, or Caudal) Discogram SIJ Injection RFL

Spinal Cord Stim Trial Eval MILD Eval Sympathetic Block Stellate Ganglion Facet

Trigger Point Selective Nerve Root Injections Vertebroplasty/Kyphoplasty

Other/Comments: \_\_\_\_\_

Referring Physician Name: \_\_\_\_\_

NPI: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**\*Please Note all Viva Medicare, Cigna Healthsprings and BCBS (BEG Prefix)**

**Need Insurance referrals from PCP before scheduling\***

