

Phone: (678) 971-4167  
Fax: (833)  
989-2501



• ATHENS • ATLANTA: BUCKHEAD/MIDTOWN •  
FAYETTEVILLE • GAINESVILLE • JASPER • NEWNAN •  
SANDY SPRINGS • STOCKBRIDGE •

Thank you for giving us the opportunity to care for your patient. Please complete the following info and fax to our attention.

## REFERRAL

Today's Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_  
Referring Provider: \_\_\_\_\_ Patient Cell #: \_\_\_\_\_  
Referring Provider Phone: \_\_\_\_\_ Patient Home #: \_\_\_\_\_  
Referring Provider Fax: \_\_\_\_\_ Patient DOB: \_\_\_\_\_

We accept most major medical insurance plans and self pay. Please call to verify.

## AUTHORIZATION

Evaluate and Treat as Appropriate     Medication Management     Regenerative     Wellness  
 Specific Procedure: \_\_\_\_\_

## FOCUSED PAIN (circle all that apply)

LUMBAR SPINE	SACRAL SPINE	CERVICAL SPINE	THORACIC SPINE
HEADACHE	HEAD, NECK, FACIAL	JOINT	PERIPHERAL NERVE
CANCER	POST-SURGICAL CHRONIC	PHANTOM	PELVIC PAIN
COMPLEX REGIONAL PAIN SYNDROME (CRPS)	COMPRESSION FRACTURE	OTHER: _____	

Previous Neuro or Ortho Consult? Y / N    Provider: \_\_\_\_\_  
Previous Pain Management? Y / N    Provider: \_\_\_\_\_  
Previous Conservative Therapy? Y / N    Provider: \_\_\_\_\_  
(Physical Therapy, Chiropractic, etc.)

## DOCUMENTATION

To expedite scheduling, please include the following documentation:

1. Office notes, history & physical
2. Patient demographics (including SSN, address)
3. Imaging
4. Copy of insurance card(s)

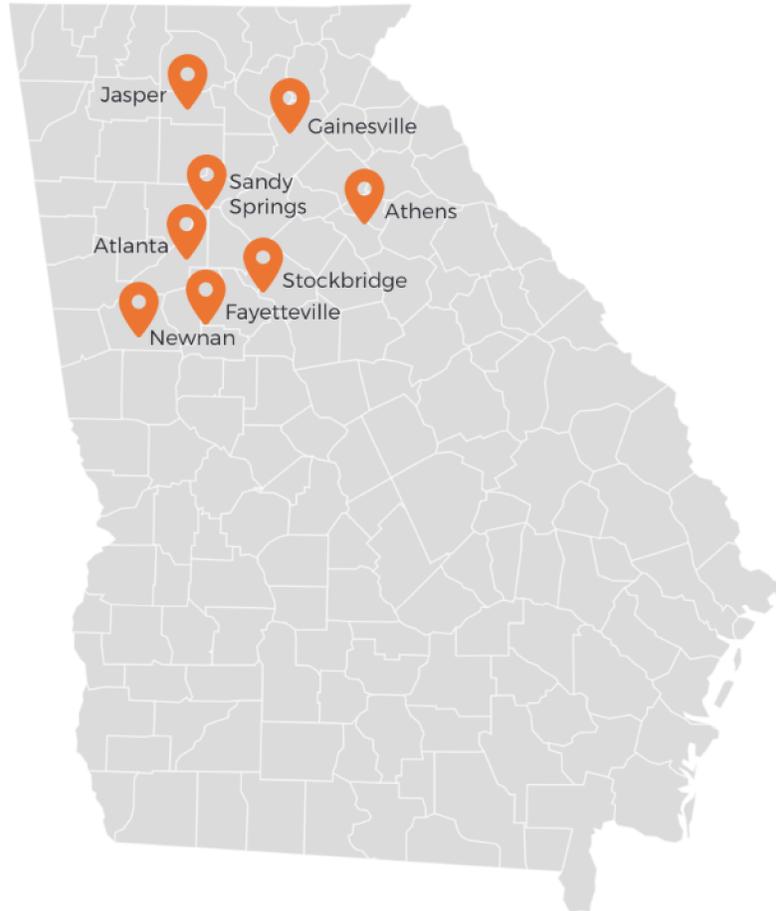
### WORKERS' COMPENSATION CLAIMS:

Date of Injury: \_\_\_\_\_  
Claim #: \_\_\_\_\_  
Adjuster Name: \_\_\_\_\_  
Adjuster Contact: \_\_\_\_\_

\*\*Please attach approval for appointment



**PHONE:** (678) 971-4167 • **FAX:** (833) 989-2501



**ATHENS**

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Athens, GA 30606

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The Macquarium Building  
1800 Peachtree St. NW, Suite 750  
Atlanta, GA 30309

**FAYETTEVILLE**

1233 Hwy 54 W, Suite 200  
Fayetteville, GA 30214

**GAINESVILLE**

601 Broad St. SE, Suite B  
Gainesville, GA 30501

**JASPER**

1101 Old Philadelphia Rd, G100,  
Jasper, GA 30143

**NEWNAN**

3231 Highway 34 E, Suite C,  
Newnan, GA 30265

**SANDY SPRINGS**

1150 Hammond Dr.  
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**STOCKBRIDGE**

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