

# Neurological Spine and Pain

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[www.neurospine.center](http://www.neurospine.center)

## REFERRING PHYSICIAN:

Physician Name: \_\_\_\_\_ Practice Name: \_\_\_\_\_

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

## PATIENT INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Secondary insurance: \_\_\_\_\_

## SERVICES:

- Consultation only
- Referral with ongoing management
- Consultation with procedure as appropriate
- Procedures only (please see list below)

## PROCEDURES:

- Epidural Steroid injection
- Transforaminal Epidural
- Facet Joint Injection
- Trigger Point injection
- Neurostimulation
- RadioFrequency Ablation
- Lumbar Sympathetic Block
- Stellate Ganglion Block
- Other: \_\_\_\_\_
- Please indicate Level and side as appropriate: \_\_\_\_\_

## DIAGNOSIS:

- Chronic back pain
- Chronic neck pain
- Chronic back and leg pain
- Failed back surgery syndrome
- Complex Regional Pain Syndrome
- Regional Sympathetic Dystrophy
- Radiculopathy
- Fibromyalgia
- Chronic pain medication management
- Neuralgia
- Other: \_\_\_\_\_

## FOLLOW-UP CARE:

- I would like to see this patient for a follow-up appointment after the procedure
- I am referring this patient to you for long-term care

**REFERRING PHYSICIAN SIGNATURE** \_\_\_\_\_