



Comprehensive PAIN MANAGEMENT

3870 Medical Park Drive
Austell, Ga. 30106

110 Evans Mill Drive, Ste. 803
Dallas, Ga. 30157

3400 Chapel Hill Road, Ste. 101
Douglasville, Ga. 30135

1295 Hembree Road, Ste. 101
Roswell, Ga. 30076

91 Nordson Overlook, Suite 205
Dawsonville, GA 30534

2270 Oak Road
Snellville, GA 30078

812 South Park St., Suite #5
Carrollton, GA 30117

4799 Sugar Loaf Pkwy. Bld-G
Lawrenceville, GA 30044

Request for Consultation-Procedure(s)
Fax referrals to 770-948-6804

Patient's Name: _____ DOB: _____

Address: _____

Phone: _____ SSN: _____

Insurance Company: _____ ID#: _____

Address: _____

DIAGNOSIS: _____

REQUESTED PROCEDURE(S): Please Circle Requested Procedure

Consultation for Pain Management/Evaluate and Treat

Epidural Steroid injections: Lumbar Cervical Thoracic Caudal: Single Injection Series of 3

Lumbar Facet/Nerve Block: Level _____ Side _____

Cervical 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 Side _____ Level _____

Lumbar Sympathetic Block RT LT B/L Stellate Ganglion Block RT LT B/L

Provocative Discography Levels _____

Vertebroplasty/Kyphoplasty Levels: _____

Spinal Cord Stimulation Percutaneous Disc Decompression

Implantable Drug Delivery System Trigger Point Injections Site _____

Other: _____

Referring Physician's Name: _____ Date: _____

FAX THIS REFERRAL TO 770-948-6804

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