

# Alliance Spine

.....AND PAIN CENTERS

**PHONE: 770-929-9033 | FAX TO: 678-750-0211**  
**SpinePains.com**

North

Referring Provider: \_\_\_\_\_ Office Contact: \_\_\_\_\_

**Please send the following information if available (check if attached):**

- Demographic Sheet OR Complete Patient Info. Box  Any Imaging Reports (MRI, CT, X-Ray)  
 List of Current Medications  Recent Progress notes; up to 6 months if available

**PATIENT INFORMATION BOX:**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

SSN# \_\_\_\_\_ Mobile #: \_\_\_\_\_

Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

Primary Ins: \_\_\_\_\_ Policy #: \_\_\_\_\_

Grp # \_\_\_\_\_ Secondary Ins: \_\_\_\_\_

Policy #: \_\_\_\_\_ Grp # \_\_\_\_\_

Is this a WC referral? YES/NO Is this Indigent care? YES/NO

Claim # \_\_\_\_\_ Case Manager: \_\_\_\_\_ Phone # \_\_\_\_\_

**DX**

- |  |  |
|--|--|
| <input type="checkbox"/> Neck Pain                     | <input type="checkbox"/> Lumbar Radiculopathy          |
| <input type="checkbox"/> Cervical/Thoracic Spondylosis | <input type="checkbox"/> Thoracic Pain                 |
| <input type="checkbox"/> Cervical Radiculopathy        | <input type="checkbox"/> Sacroiliac Joint Pain         |
| <input type="checkbox"/> Low Back Pain                 | <input type="checkbox"/> Compression Fx                |
| <input type="checkbox"/> Lumbar Spondylosis            | <input type="checkbox"/> Diabetic Neuropathy           |
|  | <input type="checkbox"/> Cancer Pain                   |
|  | <input type="checkbox"/> Spinal Cord Injury Nerve Pain |

**RX**

- |   |  |
|---|--|
| <input type="checkbox"/> Evaluation and Treatment     | <input type="checkbox"/> Kyphoplasty/Vertebroplasty              |
| <input type="checkbox"/> Consultation and Report ONLY | <input type="checkbox"/> Sacroiliac Injections/RFA               |
| <input type="checkbox"/> Facet Injections/RFA Therapy | <input type="checkbox"/> Spinal Cord Stimulator Evaluation/Trial |
| <input type="checkbox"/> Epidural Injections          | <input type="checkbox"/> Discogram                               |

**Notes**

- Urgent Visit  Physician Preference  No  Yes: \_\_\_\_\_  
 Fast Track

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Dr. Escorcio**



**Dr. Gale**



**Dr. Gupta**



**Dr. Grochowska**



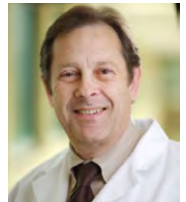
**Dr. Hurd**



**Dr. Rosenfeld**



**Dr. Schaufele**



**Dr. Tark**



**Dr. Tate**



**Dr. Patel**

**Canton** | 134 Riverstone Terrace, Suite 101, Canton, GA 30114  
**Canton** | 2205 Riverstone Blvd, Suite 101, Canton, GA 30114  
**Cartersville** | 15 Medical Drive, Suite 301, Cartersville, GA 30121  
**Dawsonville** | 6002 Hwy 53 East, Suite 110, Dawsonville, GA 30534

**Jasper** | 620 J.L. White Dr., Suite 140, Jasper, GA 30143  
**Marietta** | 400 Tower Rd. Suite 350, Marietta, GA 30060  
**Roswell** | 1295 Hembree Rd., Suite 101 Roswell, GA 30076  
**Woodstock** | 300 Parkbrooke Pl. Suite 390, Woodstock, GA 30189

*Our other locations*

**Augusta | Austell | Camp Creek | Carrollton | Conyers | Covington | Dallas | Decatur | Douglasville  
 Lawrenceville | Piedmont**

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West

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 List of Current Medications  Recent Progress notes; up to 6 months if available

**PATIENT INFORMATION BOX:**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

SSN# \_\_\_\_\_ Mobile #: \_\_\_\_\_

Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

Primary Ins: \_\_\_\_\_ Policy #: \_\_\_\_\_

Grp # \_\_\_\_\_ Secondary Ins: \_\_\_\_\_

Policy #: \_\_\_\_\_ Grp # \_\_\_\_\_

Is this a WC referral? YES/NO Is this Indigent care? YES/NO

Claim # \_\_\_\_\_ Case Manager: \_\_\_\_\_ Phone # \_\_\_\_\_

**DX**

- |  |  |
|--|--|
| <input type="checkbox"/> Neck Pain                     | <input type="checkbox"/> Lumbar Radiculopathy          |
| <input type="checkbox"/> Cervical/Thoracic Spondylosis | <input type="checkbox"/> Thoracic Pain                 |
| <input type="checkbox"/> Cervical Radiculopathy        | <input type="checkbox"/> Sacroiliac Joint Pain         |
| <input type="checkbox"/> Low Back Pain                 | <input type="checkbox"/> Compression Fx                |
| <input type="checkbox"/> Lumbar Spondylosis            | <input type="checkbox"/> Diabetic Neuropathy           |
|  | <input type="checkbox"/> Cancer Pain                   |
|  | <input type="checkbox"/> Spinal Cord Injury Nerve Pain |

**RX**

- |   |  |
|---|--|
| <input type="checkbox"/> Evaluation and Treatment     | <input type="checkbox"/> Kyphoplasty/Vertebroplasty              |
| <input type="checkbox"/> Consultation and Report ONLY | <input type="checkbox"/> Sacroiliac Injections/RFA               |
| <input type="checkbox"/> Facet Injections/RFA Therapy | <input type="checkbox"/> Spinal Cord Stimulator Evaluation/Trial |
| <input type="checkbox"/> Epidural Injections          | <input type="checkbox"/> Discogram                               |

**Notes**

- Urgent Visit  
 Fast Track
- Physician Preference  No  Yes: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Austell** | 3870 Medical Park Dr. Austell, GA 30106  
**Carrollton** | 812 South Park St., Suite 5 Carrollton, GA 30117

**Dallas** | 110 Evans Mill Dr., Suite 803, Dallas, GA 30157  
**Douglasville** | 3400 Chapel Hill Rd., Suite 101 Douglasville, 30135



**Dr. Cable**



**Dr. Escorcia**



**Dr. Gupta**



**Dr. Grochowska**



**Dr. Marshall**



**Dr. Delille  
Locum Tenens**

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 Lawrenceville | Marietta | Piedmont | Roswell | Woodstock**

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Central/South

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**PATIENT INFORMATION BOX:**

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

SSN# \_\_\_\_\_ Mobile #: \_\_\_\_\_

Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

Primary Ins: \_\_\_\_\_ Policy #: \_\_\_\_\_

Grp # \_\_\_\_\_ Secondary Ins: \_\_\_\_\_

Policy #: \_\_\_\_\_ Grp # \_\_\_\_\_

Is this a WC referral? YES/NO Is this Indigent care? YES/NO

Claim # \_\_\_\_\_ Case Manager: \_\_\_\_\_ Phone # \_\_\_\_\_

**DX**

- |  |  |
|--|--|
| <input type="checkbox"/> Neck Pain                     | <input type="checkbox"/> Lumbar Radiculopathy          |
| <input type="checkbox"/> Cervical/Thoracic Spondylosis | <input type="checkbox"/> Thoracic Pain                 |
| <input type="checkbox"/> Cervical Radiculopathy        | <input type="checkbox"/> Sacroiliac Joint Pain         |
| <input type="checkbox"/> Low Back Pain                 | <input type="checkbox"/> Compression Fx                |
| <input type="checkbox"/> Lumbar Spondylosis            | <input type="checkbox"/> Diabetic Neuropathy           |
|  | <input type="checkbox"/> Cancer Pain                   |
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**RX**

- |   |  |
|---|--|
| <input type="checkbox"/> Evaluation and Treatment     | <input type="checkbox"/> Kyphoplasty/Vertebroplasty              |
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| <input type="checkbox"/> Facet Injections/RFA Therapy | <input type="checkbox"/> Spinal Cord Stimulator Evaluation/Trial |
| <input type="checkbox"/> Epidural Injections          | <input type="checkbox"/> Discogram                               |

**Notes**

- Urgent Visit  
 Fast Track
- Physician Preference  No  Yes: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Dr. Adam**



**Dr. Cable**



**Dr. Hord**



**Dr. Grochowska**



**Dr. Marshall**



**Dr. Miller**



**Dr. Patterson**



**Dr. Rosenfeld**

**Camp Creek** | 3885 Princeton Lakes Way, Suite 400 Atlanta, GA 30331  
**Decatur** | 2675 N. Decatur Rd. Suite 303 Decatur, GA 30033

**Piedmont** | 2061 Peachtree Rd., Suite 225 Atlanta, GA 30309

*Our other locations*

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 Jasper | Lawrenceville | Marietta | Roswell | Woodstock**

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East

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SSN# \_\_\_\_\_ Mobile #: \_\_\_\_\_

Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

Primary Ins: \_\_\_\_\_ Policy #: \_\_\_\_\_

Grp # \_\_\_\_\_ Secondary Ins: \_\_\_\_\_

Policy #: \_\_\_\_\_ Grp # \_\_\_\_\_

Is this a WC referral? YES/NO Is this Indigent care? YES/NO

Claim # \_\_\_\_\_ Case Manager: \_\_\_\_\_ Phone # \_\_\_\_\_

**DX**

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| <input type="checkbox"/> Low Back Pain                 | <input type="checkbox"/> Compression Fx                |
| <input type="checkbox"/> Lumbar Spondylosis            | <input type="checkbox"/> Diabetic Neuropathy           |
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**RX**

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**Notes**

- Urgent Visit  Physician Preference  No  Yes: \_\_\_\_\_  
 Fast Track

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Dr. Adam



Dr. Espinal



Dr. Hord



Dr. Marshall



Dr. Miller



Dr. Patel



Dr. Rosenfeld

**Conyers** | 1388A Wellbrook Circle Conyers, GA 30012  
**Covington** | 5303 Adams St., Suite C Covington, GA 30014  
**Decatur** | 2675 N. Decatur Rd. Suite 303 Decatur, GA 30033

**Lawrenceville** | 4799 Sugarloaf Pkwy, Bldg G Lawrenceville, GA 30044

*Our other locations*

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Hiram | Jasper | Marietta | Piedmont | Roswell | Woodstock**

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Augusta

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**Dr. Bari**



**Dr. Shah**

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Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

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| <input type="checkbox"/> Epidural Injections          | <input type="checkbox"/> Discogram                               |

**Notes**

- Urgent Visit  
 Fast Track
- Physician Preference  No  Yes: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Augusta** | 1367 Interstate Pkwy, Augusta, GA 30909

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**Austell | Canton | Camp Creek | Carrollton | Cartersville | Conyers | Covington | Dallas | Dawsonville | Decatur | Douglasville  
 Jasper | Lawrenceville | Marietta | Piedmont | Roswell | Woodstock**