

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



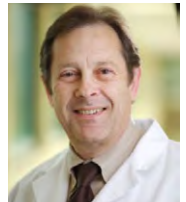
Dr. Hurd



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 | Brookhaven | Camp Creek | Carrollton | Conyers | Covington | Dallas
 Douglasville | Lawrenceville | Piedmont**

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West

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

Claim # _____ Case Manager: _____ Phone # _____

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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



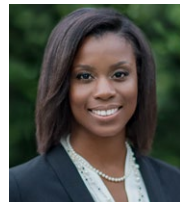
Dr. Gupta



Dr. Grochowska



Dr. Marshall



Dr. Delille

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Central/South

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Notes

- Urgent Visit Physician Preference No Yes: _____
 Fast Track

Physician Signature: _____ Date: _____



Dr. Adam



Dr. Cable



Dr. Hord



Dr. Grochowska



Dr. Marshall



Dr. Patterson



Dr. Rosenfeld

Brookhaven | 3925 Peachtree Road, Suite 200, Atlanta, GA 30319
Camp Creek | 3885 Princeton Lakes Way, Suite 400 Atlanta, GA 30331

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

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East

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- Urgent Visit
 Fast Track
- Physician Preference No
Yes: _____

Physician Signature: _____ Date: _____



Dr. Adam



Dr. Espinal



Dr. Hord



Dr. Marshall



Dr. Miller



Dr. Patel



Dr. Patterson



Dr. Rosenfeld

Conyers | 1388A Wellbrook Circle Conyers, GA 30012
Covington | 5303 Adams St., Suite C Covington, GA 30014

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

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Augusta

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Dr. Bari

Dr. Shah

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Physician Signature: _____ Date: _____

Augusta | 1367 Interstate Pkwy, Augusta, GA 30909

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 Douglasville | Jasper | Lawrenceville | Marietta | Piedmont | Roswell | Woodstock**