

# Alliance Spine

.....AND PAIN CENTERS

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

Augusta

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 # \_\_\_\_\_



Dr. Bari

Dr. Shah



Dr. Stewart

**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
- Fast Track Yes: \_\_\_\_\_

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

1367 Interstate Pkwy, Augusta, GA 30909

2100 Central Ave, Augusta, GA 30904

*Our other locations*

**Austell | Brookhaven | Camp Creek | Canton | Carrollton | Cartersville | Conyers | Covington | Dallas | Dawsonville  
 Douglasville | Jasper | Johns Creek | Lawrenceville | Marietta | Peachtree City | Piedmont/Atlanta | Roswell | Woodstock**