

# Alliance spine

.....AND PAIN CENTERS

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

South/West

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

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

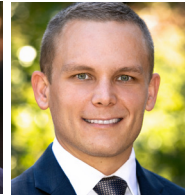
- Demographic Sheet OR Complete Patient Info. Box  Any Imaging Reports (MRI, CT, X-Ray)  
 List of Current Medications  Recent Progress notes; up to 6 months if available

**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. Kassamali



Dr. Masson



Dr. Ogiamien



Dr. Patterson

**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: \_\_\_\_\_

**Camp Creek** | 3885 Princeton Lakes Way Ste 400 Atlanta, GA 30331 **Douglasville** | 3400 Chapel Hill Rd., Suite 101 Douglasville, 30135

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