

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

**Peachtree City**

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. Miller**



**Dr. Rosenfeld**

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

**Peachtree City** | 1975 Highway 54 West, Suite 100, Peachtree City, GA 30269

*Our other locations*

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