

Alliance spine

.....AND PAIN CENTERS

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

East

Referring Provider: _____ Office Contact: _____

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

- Demographic Sheet OR Complete Patient Info. 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 |
| | <input type="checkbox"/> Painful Diabetic Neuropathy |

Notes

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

Physician Signature: _____ Date: _____



Dr. Epps



Dr. Espinal



Dr. Miller



Dr. Neckman



Dr. Patel



Dr. Rosenfeld

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

Johns Creek | 6920 McGinnis Ferry Road, Suites 360 A & B, Suwanee, GA 30024
Lawrenceville | 4799 Sugarloaf Parkway, Bldg G, Lawrenceville, GA 30044

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