2304 Wesvill Court, Suite 320
Raleigh, NC 27607
T 919-825-3902
F 919-825-3910

Spine & Pain ASSOCIATES
Feel Better, Live Better
www.spineandpainassociates.com

1303 Carthage Street
Sanford, NC 27330
T 919-292-2468
F 919-292-2167

Referral Form

Date: _____

Thank you for your referral. Please fax pertinent medical records, EMG, and imaging study reports.

Referring Provider: _____ Contact Person: _____

Phone: _____ Fax: _____

PATIENT INFORMATION

First Name: _____ Middle: _____ Last: _____

Date of Birth: _____ ☐ Male ☐ Female

Telephone: Home: _____ Cell: _____

Email: _____ Interpreter Needed?: ☐ Yes ☐ No

INSURANCE (please send copies of cards)

Primary: _____ Secondary: _____ Self Pay? ☐ Yes ☐ No

REFERRING DIAGNOSIS

☐ Neck Pain
☐ Mid Back Pain
☐ Low Back Pain
☐ Shoulder Pain
☐ Hip Pain
☐ Knee Pain
☐ Headaches
☐ Neuropathy/Neuropathic Pain
☐ Chronic Pain/Medication Management
☐ Other: _____

REASON FOR REFERRAL

☐ Consultation Only
☐ Consultation and Treatment
☐ Second Opinion/IME

REFERRAL REQUESTED AT:

☐ Raleigh
☐ Sanford
☐ No Preference

SPECIAL INSTRUCTIONS

☐ First Available Physician/Provider
☐ Specific Physician/Provider, Name: _____

PROCEDURE/TREATMENT REQUEST

☐ Epidural Injection
☐ Facet Joint Injection/Radiofrequency Ablation
☐ Joint/Bursa Injections
☐ Sacroiliac Joint Injection
☐ Spinal Cord Stimulation Trial
☐ Other: _____
☐ Botox Injection
☐ Kyphoplasty
☐ Electrodiagnostic Study (EMG/NCV): ☐ Left ☐ Right ☐ Bilateral ☐ Upper Extremity ☐ Lower Extremity