

Circle Location and Fax to our Toll Free Direct Line and eFax:

(866) 707-1942

122 Airways Place
Southaven, MS 38671

146 Timber Creek, Suite 200
Cordova, TN 38018

2016 Greystone Square
Jackson, TN 38305

2908 S. Lamar Blvd. Suite 300
Oxford, MS 38655

609 Brunson Dr.
Tupelo, MS 38801

The foundation of our practice is providing compassionate, effective and responsible care for our patients. Our practice requires full participation in a treatment plan that involves more than opioid medication management. We do not simply rely on one's past experiences with procedures or medications. We construct a rational, individually tailored treatment plan which fits the specific needs of the patient. This includes strict follow-up, diagnostic/therapeutic procedures, psychological evaluation and physical therapy if needed. Data shows that success is far greater with this type of multimodal approach. Narcotic therapy alone has poor long-term results and is associated with unacceptable risk.

REFERRAL FORM

Date: _____
Referring Provider: _____
Referring Provider Phone: _____
Referring Provider Fax: _____

Patient Name: _____
Patient DOB: _____
Requesting: _____
Referring NPI#: _____

COMPLETE AUTHORIZATION FORM

- Evaluate/Test as you deem appropriate Medication Management PROCEDURE ONLY (SEE BELOW)
 Special Requests _____

FOCUSED PAIN PROBLEM (CHECK ALL THAT APPLY)

- Low Back Pain Cervical Spine Pain Thoracic Pain Lumbar-Sacral Pain Shoulder Pain Hip Pain
 Knee Pain Myofascial Pain Peripheral Neuropathy Fibromyalgia Neuropathic Pain Headache
 Post-Surgical Chronic Pain Cancer Pain Phantom Pain Sympathetically Mediated Pain Shingles/PHN
 Pelvic Pain Chronic Pancreatitis
 OTHER: _____

REQUEST A PROCEDURE (CHECK ALL THAT APPLY)

- Epidural Injection Series Facet Injections/Medial Branch Block Radiofrequency Ablation SI Joint Injections
 Joint Injections Bursa Injections Selective Nerve Root Block Kyphoplasty Spinal Cord Stimulator Trial
 Occipital Nerve Block Sympathetic Nerve Blocks
 OTHER: _____

SUBMIT THE FOLLOWING DOCUMENTATION WITH REFERRAL

- Demographic Sheet Copy of Insurance Card or Workman's Comp Information
 Most Recent Office Notes containing Medical Problem List and Medications Most Recent Imaging Reports

Is this related to a Workman's Comp injury, MVA or does the patient have an open lawsuit? Yes No
Please fax the information regarding the injury with the referral form.

PLEASE SEND COPY OF INSURANCE CARD(S), THREE MONTHS OF RECORDS SUPPORTING DIAGNOSIS(ES), MRI AND ANY OTHER RADIOLOGY REPORTS THE PATIENT MAY HAVE. NO FILM OR DISK. REPORTS ONLY.