Patient Referral Form

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www.precisionpaincare.com
www.precisionpainreferral.com

Precision Pain Care
Specializing in Advanced Spinal Techniques

Graf Hilgenhurst, MD
Board Certified Anesthesiologist
Board Certified Pain Management

LOCATION REQUESTED: ☐ SMYRNA OFFICE ☐ SOUTHERN HILLS OFFICE

PATIENT INFORMATION

PATIENT NAME DOB

PATIENT DIAGNOSIS (check all that apply)

☐ Low Back Pain	☐ Peripheral Neuropathy	☐ Spinal Compression FX	☐ Shoulder Pain
☐ Neck Pain	☐ Sciatica Radiculopathy	☐ Hip Pain	☐ Fibromyalgia
☐ Thoracic Pain	☐ Sacroliac Pain	☐ Knee Pain	☐ Migraines

NOTES:

REQUESTED TREATMENT

☐ CONSULTATION ONLY ☐ EVALUATE & TREAT ☐ PROCEDURE ONLY

REQUESTED PROCEDURE (check all that apply)

☐ Discogram	☐ Cervical	☐ Lumbar	
☐ Radio Frequency Ablation	☐ Cervical	☐ Lumbar	
☐ Epidural Injection	☐ Cervical	☐ Thoracic	☐ Lumbar
☐ Joint Injection	☐ Shoulder	☐ Hip	☐ Knee
☐ Facet Injections/Medial Branch Block	☐ Cervical	☐ Thoracic	☐ Lumbar

☐ Occipital Nerve Block	☐ Spinal Cord Stimulator Trial	☐ SI Joint Injection
☐ Trigger Point Injection	☐ Other:	

DOCUMENTATION REQUIRED WITH REFERRAL

1) Demographic Sheet
2) Copy of Insurance Card (front & back)
3) Last Two Office Notes
4) Most Recent Imaging Reports
5) Insurance Referral (if applicable)

REFERRING PROVIDER INFORMATION

NAME:	NPI#
ADDRESS:	PHONE
	FAX
REFERRING PROVIDER SIGNATURE	DATE