**Wellstar North Fulton Medical Center**

**Pain & Spine Center Physician Referral Request**

4500 Hospital Blvd, Suite 200 | Roswell, GA | 30076 | (770) 751-2719

**Please fax to (770) 751-2609. Include copy of Medical Notes, Imaging Reports, and Insurance Card**

DATE:  New Patient  Established Patient

PATIENT DOB SSN

Address
Phone # Alt Phone #
Insurance Company
ID#

DIAGNOSIS/CONDITION:

REQUESTED PROCEDURE(S): Please Check

* **Evaluate and Treat**
* Epidural Steroid Injections: Cervical Thoracic Lumbar Caudal
* Cervical Facet/Nerve Block Level Side
* Lumbar Facet/Nerve Block Level Side
* Radio frequency Ablation Lumbar / Cervical Facet Nerves Level Side
* Selective Nerve Root Block Level Side
* SI Joint Injection RT LT B/L
* Intercostal Nerve Block Level Side
* Lumbar Sympathetic Block RT LT B/L
* Stellate Ganglion Block RT LT B/L
* Discography Levels
* Vertebroplasty / Kyphoplasty Levels
* Spinal Cord Stimulation, trial
* Trigger Point Injections Site
* **Other:**

**Questions? Please contact our Referral Coordinator at (770) 410-4534**

**Referring Physician Information:**

Practice name: Contact Person:
Phone: Fax:

**Physician Signature: Date: Time:**

**Patient Label Here**

**PAIN & SPINE CENTER PHYSICIAN REFERRAL FORM PC509**

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