

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: _____	Patient Name: _____
Referring Provider: _____	Patient DOB: _____
Referring Provider Phone: _____	Requesting: _____
Referring Provider Fax: _____	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.