



# REVIVE SPINE & PAIN CARE

—STOP THE PAIN. START YOUR LIFE—

## REFERRAL FORM

Date: \_\_\_\_\_

### Patient Information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone #: \_\_\_\_\_ Patient SSN: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Referring Physician Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Referring Physician NPI #: \_\_\_\_\_

Referring Physician Address: \_\_\_\_\_

Evaluate & Treat       Procedure Only       Second Opinion

\*\*\*Written confirmation of prior-authorization is required for Worker's Compensation, Tricare and VA/Choice Program (please attach)\*\*\*

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

### Please Fax:

1. Insurance card
2. Patient demographics
3. All applicable medical records
4. Imaging reports (MRI, X-rays, CT scans)
5. Copy of this referral form
6. Discharge letter (if applicable)

Please fax this referral form back to us at:

**833.471.4559**

### CONVENIENT LOCATIONS:

289 Grayson Highway, Lawrenceville, GA 30046  
10160 Medlock Bridge Road, Suite 100, Duluth, GA 30096

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