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 Memphis, TN 38119
 (P) 901-350-0678 (F) 901-350-0677
 PMC0000000825

1720 East Reelfoot Avenue, Suite 200
 Union City, TN 38261
 (P) 731-507-0272 (F) 731-507-0273
 PMC0000000819

Date: _____ Referring Provider: _____

Patient Name: _____ Referring Provider Phone Number: _____

Patient DOB: _____ Referring Provider Fax Number: _____

Patient E-Mail: _____

Patient Phone Number: _____

Patient Insurance: _____

- Evaluate/treat as you deem appropriate
- Consult appointment & return to referring provider
- Kyphoplasty consult
- Spinal Cord Stimulator consult
- Request a procedure/Other: _____

SUBMIT THE FOLLOWING DOCUMENTATION WITH REFERRAL:

- Demographics sheet
- Imaging pertaining to referral (if available)
- Most recent progress note related to reason for referral
- Copy of insurance or Workman's Comp information
- Liver/Kidney function lab work (if available)

REFERRING PROVIDER SIGNATURE: _____