

- 101 Preston Court, Suite 103, **Macon, GA 31210 (478) 745-2385 (M-F)**
 - 200 S. Houston Lake Rd, Suite A, **Warner Robins, GA 31088 (478) 333-6444 (M)**
 - 202 Fairview Park Dr., Suite 100, **Dublin, GA 31021 (478) 219-3745 (W)**
 - 750 N. Cobb St., Suite 150, **Milledgeville, GA 31061 (478) 284-0670 (TH)**
- Referral Coordinator: 478-957-1735**

FAX-A-CONSULT
478-200-5080 Eval & Treat /Consults
478-745-1225 Pain Blocks

Date ____/____/____
Patient Name _____ DOB: ____/____/____
Referring MD _____ NPI# _____
Phone No: _____ Fax No: _____
Referral Contact _____ Phone No: _____

- Evaluation and Treatment Pain Management Consultation
- Pain Block Type of Pain Block (circle one on each line):

Cervical / Thoracic / Lumbar
Facet / Epidural / Transforaminal

- Spinal Cord Stimulator Trial Other _____

Please include the following information in one fax document:

- A **legible** copy of the patient's **CURRENT** insurance card(s) (**front and back**) and patient's **demographic information**.
- A copy of **imaging reports** such as MRI, X-ray and/or CT scan performed within the last two years. Discs are not needed.
- Copies of the **H&P** and the most recent office notes with **detailed history of pain**. Please include previous pain records from other providers if applicable.
- For Worker's Compensation and Tricare Prime please include the **approval letter stating Hemlock Pain Center is authorized to treat the patient**. Workers compensation referrals should include insurance company, mailing address, claim numbers, case manager, telephone number, employer, and date of injury.

Thank you for allowing our practice to participate in your patient's care!
We will call the patient and schedule the appointment.
You can expect prompt appointment confirmation via return fax.