



SOUTHSIDE PAIN
SPECIALISTS

New Patient Referral Form

BIRMINGHAM OFFICE:

1020 26th Street South,
Birmingham, AL 35205
Ph.: 205.332.3155 Fax: 866.644.8086

Name: _____

D.O.B.: _____ S.S. #: _____

Address: _____

Phone: _____

Insurance: _____ Contract #: _____ Grp: _____

Worker's Compensation Information

Insurance Company: _____ DOI: _____

Claim #: _____ Adjuster/Case Mgr. Name: _____

Phone: _____ Fax: _____

Reason for Referral

Take Over Management of Pain Medications Medical Mgt. Evaluate (consult only)

Evaluate and Treat Spinal Cord Stim Eval Procedure Only Procedure and Treat

Procedures: (please circle all that apply or write in any procedure not listed)

Epidural (LESI, CESI, TESI, TFESI, or Caudal)

Discogram

SIJ Injection

RFL

Spinal Cord Stim Trial Eval

MILD Eval

Sympathetic Block

Stellate Ganglion

Facet

Trigger Point

Selective Nerve Root Injections

Vertebroplasty/Kyphoplasty

Other/Comments: _____

Referring Physician Name: _____

NPI: _____ Contact: _____

Phone: _____ Fax: _____

***Please Note all Viva Medicare, Cigna Healthsprings and BCBS (BEG Prefix)**

Need Insurance referrals from PCP before scheduling*

