

FAX REFERRAL

Date: _____

Provider: No Preference
 Dr. Vincent Galan
 Dr. Marcus Polk
 Dr. Paul Chang
 Dr. David Webb

Patient Information

Name: _____ DOB: _____

Patient Phone: _____ Patient SSN: _____

Chief Complaint: _____

Referring Physician: _____

Referring Physician Phone: _____ Fax: _____

Referring Physician NPI: _____

Referring Physician Address: _____

Insurance Carrier: _____ Policy #: _____

Special Instructions: _____

Please Fax:	1. Insurance Card 2. Patient Demographics 3. Any applicable medical records, including MRI copies 4. Copy of this referral form
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Office: (770) 771-6580
Fax: (770) 771-6589
Email: General@GeorgiaPainCare.com

Henry County
1365 Rock Quarry Rd.
Suites 202 & 301
Stockbridge, GA 30281

Coweta County
2401 Newnan Crossing Blvd. E.
Suite 120 & 130
Newnan, GA 30265

Fayette County
1240 Hwy. 54 West
Suite 602
Fayetteville, GA 30214

Spalding County
618 S. 8th St.
Suite D
Griffin, GA 30224