

Phone: **404.351.7654** | Fax: **404.609.7605** (alt fax: 770.892.0151)

Date:	Patient Name:		
D.O.B.:	Social Security#:		
Home Phone:	Work:	Cell:	
Referring MD:	NPI#:	Phone:	
Insurance Carrier:	<input type="radio"/> HMO <input type="radio"/> POS <input type="radio"/> PPO <input type="radio"/> W/Comp		

DIAGNOSIS:

I have included the following with this fax:

- Office notes relating to current pain
- Diagnostic & Radiology reports
- Copy of patient's insurance card (front & back)
- Demographics

- STAT (Please Call)
- EXPEDITED (1-2 weeks)
- New Patient*
- Established Patient*

TREATMENT RECOMMENDED:

- EVALUATION & TREATMENT CONSULT ONLY

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> EPIDURAL STEROID INJECTION <input type="checkbox"/> SELECTIVE NERVE ROOT BLOCK <input type="checkbox"/> SI JOINT INJECTION <input type="checkbox"/> LUMBAR SYMPATHETIC BLOCK <input type="checkbox"/> PERIPHERAL NERVE BLOCK <input type="checkbox"/> INTERCOSTAL NERVE BLOCK <input type="checkbox"/> RADIOFREQUENCY NERVE ABLATION | <ul style="list-style-type: none"> <input type="checkbox"/> TRIGGER POINT INJECTION <input type="checkbox"/> FACET INJECTION <input type="checkbox"/> MEDIAL BRANCH BLOCK <input type="checkbox"/> DISCOGRAM <input type="checkbox"/> IMPLANTABLE NERVE STIMULATOR <input type="checkbox"/> STELLATE GANGLION BLOCK <input type="checkbox"/> OTHER: _____ |
|---|--|

Form completed by: _____ Phone #: _____ Fax #: _____

Comments: _____

APPOINTMENT CONFIRMATION

Appointment Date: _____ Time: _____ Appointment Scheduled By: _____

- Rod Duralde, M.D. Jignesh Gandhi, M.D. Chad Achilles, M.D. Nathaniel Pleasant, M.D.

Atlanta
The Macquarium Suite
1800 Peachtree St. NW
Suite 750/775
Atlanta, Georgia 30309

Fayetteville/Peachtree City
1233 Hwy 54 West
Suite 200/205
Fayetteville, Georgia 30214

Stockbridge
3579 Highway 138 East
Suite 204
Stockbridge, Georgia 30281

Newnan
Newnan Piedmont Medical Plaza
775 Poplar Rd
Suite 200
Newnan, Georgia 30265

Phone: **404.351.7654** | Fax: **404.609.7605** (alt fax: 770.892.0151)