



Date \_\_\_\_\_

Patient Name \_\_\_\_\_

DOB \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Referring MD \_\_\_\_\_

Fax # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Primary Care MD \_\_\_\_\_

Evaluation and Treatment

Pain Management Consult Only

Pain Block – Circle which type of Pain Block Desired

Cervical Facet  
Cervical Epidural  
Cervical Transforaminal  
Thoracic Facet  
Thoracic Epidural  
Thoracic Transforaminal  
Lumbar Facet  
Lumbar Epidural  
Lumbar Transforaminal

Spinal Cord Stimulator Screen

Other \_\_\_\_\_

**Axis Spine and Pain Centers**

**Phone: (478) 474. (AXIS) 2947**

**Referral Fax (478) 971.4004**

**100 Jim Mason Court**

**Warner Robins, GA 31088**

**and**

**230 Sheraton Boulevard**

**Macon, GA 31210**

**INTERVENTIONAL  
PAIN  
MANAGEMENT  
FAX- A – CONSULT**

Please fax as much of the following as is available to  
**(478) 971.4004**

- A legible copy of the patient's demographics and insurance card(s) (front and back)
- Copies of the patient's most recent office notes
- If applicable, please obtain worker's compensation, Tricare, HMO and POS approval prior to making your referral. Workers compensation referrals should include insurance company, mailing address, claim numbers, covered diagnosis codes, adjuster, telephone number, employer, and date of injury.
- If your patient has had a MRI / CT scan performed within the last two years of the affected area, please include them.

Thank you for allowing our practice to participate in your patient's care! We will call the patient and schedule the appointment.