◄ REFERRAL FORM ►

Referral to:

SPINE & PAIN SPECIALISTS
OF THE CAROLINAS

Aashish J. Kumar, MD
Board Certified Anesthesiologist
Double Fellowship Trained
Interventional Spine & Pain Specialist

www.spinepaincarolinas.com

FROM:

DATE:

TOTAL NO. OF PAGES INCLUDING COVER:

FAX NUMBER:
919-783-7810

FAX NUMBER:

PHONE NUMBER:
919-785-3400

PHONE NUMBER:

PATIENT NAME:

☐ Appointment already scheduled Date: _____

☐ Please call Patient to schedule

Patient Phone: _____

CHECKLIST:

- ☐ Patient Demographics / Contact information
- ☐ Insurance cards / Billing information
- ☐ Office notes from Referring Physician
- ☐ Diagnostic reports ☐ No studies / workup done

Patient must bring Film or CD to appointment

12610 N. Community House Road, Suite 200
Charlotte, NC 28277

Aashish Jay Kumar, MD
Board Certified Anesthesiologist
Double Fellowship Trained
Interventional Spine & Pain Medicine Specialist

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Suite 200
Charlotte, NC 28277

Phone: 919-785-3400
Fax: 919-783-7810

SCAN ME

Date:

REFERRAL FORM

Thank you for your referral. Please fax pertinent medical records, diagnostic, and imaging studying report.

Referring Provider:	Contact Person:
Phone:	Fax:

PATIENT INFORMATION

First Name:	Middle:		Last:
Date of Birth:		Male:	Female:
Phone Number (Home):		Cell:	
Email:			

INSURANCE

Please send copies of cards.

Primary:	Secondary:	Self Pay? Yes: ☐ NO: ☐

REFERRING DIAGNOSIS

☐ Neck Pain	☐ Shoulder/Elbow Pain	☐ Headaches
☐ Facial Pain	☐ Hip Pain	☐ Knee Pain
☐ Fibromyalgia	☐ Compression Fracture	☐ Low Back Pain
☐ Chronic Pain/Medication Management	☐ Neuropathic Pain	☐ Other:

REASON FOR REFERRAL

☐ Consultation Only	☐ Consultation and Treatment	☐ Second Opinion / IME

PROCEDURE TREATMENT REQUEST

☐ Epidural/Steroid Injection	☐ Peripheral Nerve Stimulation	☐ Spinal Cord Stimulation
☐ Sacroiliac Join Injection	☐ Facet Joint Injection / Radiofrequency Ablation	☐ Kyphoplasty
☐ Joint / Bursa Injection	☐ Trigger Point Injection/Dry Needling	☐ PRP Stem Cell Therapy
☐ Botox Injection (Cosmetic or Medical)	☐ Stellate Ganglion Sympathetic Nerve Block	☐ Other

CHECK LIST

☐ Office notes from Referring Physician	☐ Patient Demographics / Contact Information	
☐ Insurance Cards / Billing Information	☐ Diagnostic Reports	☐ No Studies Work-Up Done

Patient must bring film or image CD to appointment.