

THE NEXus PAIN CENTER OF COLUMBUS, LLC
7351 OLD MOON ROAD
COLUMBUS, GA 31909
PHONE: 706-653-7000
FAX: 706-653-7800
WEBSITE: www.nexuspaincenter.com

Please fill out this form **COMPLETELY** and make sure to include the following:

- A legible copy of patient's insurance card (s) and demographics (including ALL valid phone number (s), and mailing address and email address if applicable).
- Copies of H&P and most recent office notes.
- Any recent X-RAY, MRI or CT reports of affected area (done within the last 2 years).
- If applicable, please obtain an approval prior to making your referral. *****Workers Compensation referrals should include insurance company, mailing address, claim numbers, adjuster, telephone number, employer and date of injury.

Date: _____

Patient's Name: _____

Patient's SSN: _____ - _____ - _____ Patient's DOB: _____

Patient's Phone #: _____ Patient's Cell #: _____

Primary Care MD: _____

Referring MD: _____

Office #: _____ Fax#: _____

Specifically Referring to: PLEASE CIRCLE

Dr. Sung Chang Dr. Takia Oglesby Dr. Jeffrey Prinsell First Available

Reason for Referral: PLEASE CIRCLE

1. Re-Established Care/Updated Referral
2. New Patient Evaluation and Treatment
3. Procedure Only Requested:
 - a. LESI
 - b. TESI
 - c. CESI
 - d. L FACET
 - e. C FACET
 - f. DISCO
 - g. SCS TRAIL
 - h. _____ OTHER

Thank you for allowing The NEXus Pain Center, LLC to participate in the care of your patient. We will call the patient and schedule the appointment, and send your office a referral conformation upon scheduling.