



**SOUTHERN PAIN SPECIALISTS, P.C.**  
**Spine Diagnostics and Interventional Pain Treatment**  
 7500 Hugh Daniel Drive • Suite 360 • Birmingham • Alabama 35242  
 (205) 995-9967 • FAX (205) 995-0635

**PATIENT REFERRAL REQUEST**

Please complete this form and FAX it to our office at the time of the referral

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ UPIN: \_\_\_\_\_ NPI#: \_\_\_\_\_

**REASON FOR REFERRAL:** \_\_\_\_\_

*We offer consultation services to primary care physicians, but we **DO NOT** assume **medication** management*

**Please FAX Notes, Medication History, Demographic Data, and Imaging Studies**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Kenneth G. Varley, M.D., F.R.C.P.C.</b>                  | <b>Diagnostic iDXA Scan</b>                            |
| <input type="checkbox"/> Evaluation & Treatment                                      | <input type="checkbox"/> Bone Densitometry             |
| <input type="checkbox"/> Consultation <u>only</u>                                    | <input type="checkbox"/> Vertebral Fracture Assessment |
| <input type="checkbox"/> Diagnostic Discography                                      | <input type="checkbox"/> Total Body Composition        |
| <input type="checkbox"/> Reclast (Zoledronic Acid) - Annual Bisphosphonate Treatment |  |

**Payment**

Primary Insurance: \_\_\_\_\_  
 Insured's Name: \_\_\_\_\_  
 Policy#: \_\_\_\_\_ Group: \_\_\_\_\_  
**Workers' Compensation:**  
 Insurance Company: \_\_\_\_\_  
 Claims Adjuster: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
 Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

**SPS USE ONLY:** Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_