Dr. Thomas E. Runyan, M.D.

Patient Referral Form
PLEASE PRINT

Referring Physician's Full Name:				
Address: Number and Street	City	State	Zip Code	
Phone Number	Fax Number	e-mail address		
License #	UPIN#			
Date form sent to Consultants in Pain Medicine				
Patient's Name	Patient's Phone Number			
Existing Consultants in Pain Medicine patient ☐	New patient ☐			

Patient Diagnosis and IDCD – 9 Code(s)

______________________ ______________________

______________________ ______________________

Please indicate what service you would like Consultants in Pain Medicine to provide

☐ Consultation Only ☐ Consultation and Treatment ☐ Assume Medication Management

Note: Consultants in Pain Medicine will not prescribe medications at the first visit.

- ☐ Discography
- ☐ Epidural Steroid Injection
- ☐ Facet Injection
- ☐ IDET
- ☐ Lumbar Sympathetic Block
- ☐ Myobloc/Botox injection
- ☐ Radio Frequency (location) ______________
- ☐ SI joint injection
- ☐ Stellate Ganglion Block
- ☐ Other: ______________________

Anatomical region:

- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar
- ☐ Level(s) ______________________

In order to expedite processing your patient's referral, ALL of the following items must be received my Consultants in Pain Medicine. If all information is not received within 30 days from the initial request, the referral will not processed and all records will be destroyed. Please fax ALL of the following information to 912-xxx-xxxx.

1. Face sheet with patient information
2. Legible copies of the patient's insurance cards (both sides) OR,
3. Workers' Compensation physicians first report off injury
4. Insurance referral or prior authorization where applicable
5. Copies of any pertinent operative reports, diagnostic reports, progress records and X-ray film

This information is intended only for the use of the individual or entity to which it is addressed and may contain medical information that is privileged, confidential and exempt from disclosure under applicable Federal and Georgia law. If you are not the intended recipient, you are hereby notified that any use, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone at 912-264-9029 and return this communication to the sender at the above address or fax line 912-xxx-xxxx. Once you have sent the communication to the sender please destroy the document. Thank you.