



# GEORGIA PAIN & WELLNESS CENTER

RELIEVING PAIN, RESTORING LIVES

## REFERRAL FORM

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

Patient Information: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone #: \_\_\_\_\_ Patient SSN: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_  
\_\_\_\_\_

Referring Physician: \_\_\_\_\_

Referring Physician Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Referring Physician NPI #: \_\_\_\_\_

Referring Physician Address: \_\_\_\_\_

- Evaluate Only  
 Evaluate & Treat

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

***Please Fax:***

1. Insurance card
2. Patient demographics
3. All applicable medical records, including MRI copies
4. Copy of this referral form

Please fax this referral form back to us at:

**770.962.3643**

p: 770.962.3642 • gpwcenter@gmail.com  
http://georgiapainandwellnesscenter.com

**CONVENIENT LOCATIONS:**

455 Philip Boulevard, Building 100, Suite 140, Lawrenceville, GA 30046  
1255 Friendship Road, Suite 150, Braselton, GA 30517  
3970 Five Forks Trickum Road, Suite A, Lilburn, GA 30047  
3905 Johns Creek Court, Suite 200, Suwanee, GA 30024

1200 Bald Ridge Marina Road, Suite 150, Cumming, GA 30041  
484 Irvin Court, Suite 110, Decatur, GA 30030  
5900 Hillandale Drive, Suite 320, Lithonia, GA 30058