Provider Fax Referral Form **can also be downloaded from our website:**
www.epain-solutions.com/forms

OFFICE PHONE: (770) 590-1078 ext. 1121
FAX FORM TO: (678) 337-3167

DATE: ______________________

PATIENT ______________________
Name and Date of Birth

PHONE #: (   ) ______________________

DIAGNOSIS: ______________________

REFERRING PROVIDER: ______________________

CONTACT: ______________________
Contact Name and Extension

☐ Marietta Office
☐ Woodstock Office
☐ Cartersville Office

☐ Anita K. Rao, MD
NPI 1033176516
☐ Marvin D. Tark, MD
NPI 1548373210
☐ Thomas E. Hurd, MD
NPI 1659484327
☐ David W. Gale, MD
NPI 1861505570

*Please check appropriate box below that applies to this referral / consultation.

☐ REQUEST OPINION ON / CONSULTATION FOR: ______________________

☐ TRANSFER OF CARE: ______________________

☐ DIAGNOSTIC PROCEDURE: ______________________

☐ THERAPEUTIC PROCEDURE: ______________________

** PLEASE ATTACH RECENT OFFICE NOTES AND X-RAY REPORTS

** PLEASE ATTACH INSURANCE COMPANY REFERRAL/AUTHORIZATION *(AS APPLICABLE)*

PRIMARY INSURANCE ID #: ______________________

SECONDARY INSURANCE ID # : ______________________

WORK COMP ADJUSTER: ______________ **PHONE NUMBER:** ______________

CLAIM NUMBER: ______________ **AUTHORIZED TREATING PHYSICIAN:** ______________

APPROVED REFERRAL: ____ **YES** ____ **PENDING**

COMMENTS: ______________________

NUMBER OF PAGES INCLUDING THIS PAGE:_______

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS LEGALLY PRIVILEGED AND CONFIDENTIAL INFORMATION AND IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR A DULY AUTHORIZED AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPY OF THIS FACSIMILE WAS RECEIVED IN ERROR. PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE AND ANY COPIES OF IT TO US AT 55 WHITCHER STREET, SUITE 130, MARIETTA, GA 30060 VIA THE UNITED STATES POSTAL SERVICE. WE WILL REIMBURSE YOU FOR ANY COST WHICH YOU INCUR FOR POSTAGE. THANK YOU.