COMPREHENSIVE PAIN & NEUROLOGY CENTER

Fax this Referral Form to 615-410-4250

☐ **Clarksville**
1812 Haynes St.

☐ **Columbia**
1400 Hatcher Lane

☐ **Dickson**
415 Henslee Dr.

☐ **Franklin**
4601 Carothers Pkwy
Suite 275

☐ **Hendersonville**
353 New Shackle Island
Rd, #201A

☐ **Hermitage**
3901 Central Pike
Suite 257

☐ **Murfreesboro**
2548 Rideout Lane

PROCEDURE ONLY

☐ **Kyphoplasty**
☐ **Epidural Steroid Injection**
☐ **Interlaminar**
☐ Cervical ☐ Lumbar
☐ **Transforaminal**
☐ Cervical ☐ Lumbar
☐ Left ☐ Right
☐ **Medial Nerve Branch Block**
☐ Cervical ☐ Lumbar
☐ Left ☐ Right
☐ **Lumbar Puncture**
☐ **Neuromodulation Trial**
☐ **Blood Patch**
☐ **SI Pain/SI Fusion**
☐ **Lumbar Stenosis/Vertiflex**

☐ **Pain Evaluation & Treatment**
Problem

☐ **Electromyography/Nerve Conduction Study**
☐ Right Arm ☐ Left Arm
☐ Right Leg ☐ Left Leg
☐ **Spasticity Treatment (Botox)**
☐ **Headache Evaluation**
☐ Botox Trial
☐ **Pain Psychology Evaluation & Treatment**
☐ **Osteoporosis Evaluation**

Please complete the information below or attach a copy of the patient's demographics.
Include pertinent clinic notes and imaging records with a legible copy of all insurance cards.

PATIENT INFORMATION

Name _____ **DOB** ___/___/___ ☐ **M** ☐ **F**
First Middle Last

Address _____ **City** _____ **State** ____ **ZIP** _____

Social Security Number _____-_____-_____ **Phone (**____**)** _____

PRIMARY INSURANCE PLAN

Payer _____ **Plan** _____ **Policy #** _____ **Group #** _____

Policy Holder Name _____ **Social Security Number** _____-_____-_____

Relationship to Patient _____ **Policy Holder's DOB** ___/___/___

REFERRING OFFICE

Name of Provider _____ **Name of Referring Coordinator** _____

Address _____ **City** _____ **State** ____ **ZIP** _____

Phone (____**)** _____ **Fax (**____**)** _____ **Provider NPI** _____

We accept all many major medical insurance plans. We will contact the patient to schedule an appointment.
Please call our Scheduling Staff at 615-410-4990, option 3, with any questions.
Additional referral forms can be downloaded at www.tnpainexperts.com/referrals