

Phenix City Pain Management

Dr Bill Berryman

Stadium Health Center

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Phenix City, AL 36867

(334) 664-1969

Fax (888) 391-2191

Referral To Interventional Pain Management Fax

Please send this completed form along with patient demographics, a copy of patient's insurance card (front and back,) H&P, recent office notes, imaging, and studies to 888-391-2191

Date: _____

REFERRING PHYSICIAN: _____

Phone: _____ Fax: _____

UPIN/NPI# : _____

PATIENT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Date of Birth: _____

Insurance: _____ Policy # _____

DIAGNOSIS: _____

PROCEDURE REQUESTED: _____

Medical management: () Yes () No

To Schedule: Please fax the above and we will contact the patient as soon as possible to schedule an appointment.

Thank you for your confidence in allowing us to assist in your patient's care.