



**FAX TO : (864) 286 3077**

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Because surgery is not the first option!

**CONSULTATION REQUEST**

Please enclose the following information *if available*:

1. **Demography sheet** or complete the patient demography box
2. **Recent office note** or list of current medications
3. **Any imaging reports** : e.g MRI or CT



**Patient Demography:**

Patient Name:.....DOB:.....SSN:.....  
 Mobile:..... Home.....: Work:.....  
 Primary Insurance:..... Secondary Insurance:.....  
 Is this WC? YES/NO Claim #:.....Case Mx:.....Phone:.....

**Select a Service:**

- Evaluation and Treatment of Pain in Neck / Back / Joint / Limb and cervicogenic Headache
- Spinal Procedure (e.g: Epidural, Facet, Discogram, SCS trials, SI shots etc).....
- Joint Procedure (e.g.: Hip, Knee, Shoulder, Hand etc).....
- Electro diagnosis (e.g.: EMG/NCV) .....
- Physical Medicine and Therapy:

**Optional Notes:**

- Reason for same day, next day or weekend appointment:
- Report not available but imaging had been ordered at:

**Requesting Physician:** Name:.....

**Physician Signature:**.....**Date:**.....

- **SAVE TIME:** Please instruct your patient to visit **GreenvillePain.com** for online patient questionnaire and submission, pre-procedure instructions, map & directions.
- We will fax you a confirmation of the appointment as soon as the patient is contacted.

**One MD, One Location**

20 Roper Corners Circle  
Greenville, SC 29615

