



Aathi Thiyaga, M. D

Board Certified in Phys. Medicine and Rehab,
Pain Medicine, Spine Injury Medicine
(864) 373PAIN (7246) 373pain@gmail.com

REFERRAL HOTLINE: (864) 414-4744
ALL HEALTH PLANS ACCEPTED *

Because surgery is not the first option!

Request for Consultation

Fax (864) 286-3077

PATIENT INFORMATION

Name: _____ DOB: ____/____/____ SSN: _____-____-____

Address: _____ City: _____ Zip: _____

Mobile: () ____ - ____ Home: () ____ - ____ Work: () ____ - ____

Primary Insurance: _____ Secondary Insurance: _____

Is this W/C : NO / YES : Case Manager: _____ Tel #: _____ Case #: _____

SELECT A SERVICE

- Eval & Treat: Neck / Back / Joint / Limb / headache
- Spinal Procedure: _____
- Medical Management of Pain
- Physical Med and Therapy:
- Joint Procedure (e.g.: Hip, Knee, Shoulder, Hand)
- Electro diagnosis (e.g.: EMG/NCV)

REQUESTING PHYSICIAN INFORMATION

Name: _____ Phone: () ____ - ____ Date: ____/____/____

Signature: _____ NPI # _____ Fax: () ____ - ____

If available, please include recent office notes, demography, list of medications and any imaging reports such as MRI or CT. We will contact patient and return this fax with appointment date. Visit 373pain.com for new patient information / forms, directions and services.

THREE OFFICES FOR THE CONVENIENCE OF YOUR PATIENTS

GREENVILLE
20 Roper Corners Circle
Greenville, SC 29615

EASLEY / PIEDMONT
3150 Hwy 153
Piedmont, SC 29673

ANDERSON
1403 E. Greenville St
Anderson, SC 29621

FOR SPINE & PAIN OFFICE USE: Appointment Scheduled @ ____ AM/PM on ____ Thank you for the referral. ☺ Please provide MRI / CT report List of meds Demography / Insurance card MD's NPI # Attempted to contact patient 3x; no response. Please check contact numbers. Pre-Auth Required PA #: _____ *Sorry, we are not contracted with *Tricare Prime*

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