

New Patient Referral Form Referral Phone: (910) 491-2744 ext 108 Referral Fax: (910) 920-9145

www.neurologyandpain.org

Fill Out Form Completely			
Date:			
Patient Name:		OOB:	_Phone #:
Insurance:			
***Please send a copy of the patients insurance can			
Referring Provider:			_NPI:
Address:Phone#	 Fax#:		
We do not accept workers comp or auto accide	nt.		
Please FAX the following to Haley	(New Patient Co	oordinator) at 91	
 Recent, relevant medical records (THREE progress Documentation from specialist evaluations (orthow Relevant diagnostic studies (x-ray, MRI, CT scan, Experience) Current medication list with drug allergies If previously treated by pain management or a marreview. The referral may be delayed without this information or unlawful behavior may not be accepted. Patients with a history of mental instability, substantial practice has an opioid policy and opioids mare release call our office should question. 	pedics, rheuma EMG, etc.) ental health spe rmation. practice(s) or v ance abuse, or c	ecialist, please ser with a history of r overdose may not bed at the first of	nd medical records for our non-compliant, aberrant, t be accepted.
Referral for Clinic Appointment: Di	agnosis:		
Evaluation for Interventional Procedures			
Evaluation for Opioid Management	_	Evaluation for	Spinal Cord Stimulator Trial
Urgent	_	Evaluation for	Neurological Disorders
First Available			
EMG/NCS-Specify Extremity: RUE LUE RL	E LLE		
Location(s) patient would prefertobescheduled.			
350 Pine State Street, Lillington, NC, 27546, Phone 910-8	93-9700, Fax 910	-893-9747	
1212 Central Drive, Sanford, NC, 27330, Phone 919-777-5455, Fax 919-777-5294			
325 S Walton Avenue, Benson, NC 27504, Phone 919-894	-1003, Fax 919-8	94-1336	
3400 Walsh Parkway Suite 100, Fayetteville, NC 28311, Phone 910-491-2744, Fax 910-491-2903			
6402 McCrimmon Parkway Suite 300, NC 27560, Phone 919-234-6016, Fax 919-650-2647			

_180 Magnolia Square Court, Aberdeen, NC 28315, Phone 910-984-1530, Fax 910-757-0427