◄ REFERRAL FORM ►

Referral to:

DR.O
DR. OVERTON

Dr. E. Anthony Overton
Certified in Physical Medicine, Rehabilitation, and Pain Management

www.pspronline.com

FROM:

DATE:

TOTAL NO. OF PAGES INCLUDING COVER:

FAX NUMBER:

866-857-4506

FAX NUMBER:

PHONE NUMBER:

704-817-6676

PHONE NUMBER:

PATIENT NAME:

☐ Appointment already scheduled Date: _____

☐ Please call Patient to schedule

Patient Phone: _____

CHECKLIST:

- ☐ Patient Demographics / Contact information
- ☐ Insurance cards / Billing information
- ☐ Office notes from Referring Physician
- ☐ Diagnostic reports ☐ No studies / workup done

Patient must bring Film or CD to appointment

2315 West Arbors Drive, Suite 115
Charlotte, NC 28262

Dr. E. Anthony Overton
Board Certified and Fellowship Trained
Certified in Physical Medicine, Rehabilitation, and Pain Management

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Suite 115
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Phone: 704-817-6676
Fax: 866-857-4506

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Date:

REFERRAL FORM

Thank you for your referral. Please fax pertinent medical records, diagnostic, and imaging studying report.

Referring Provider: Contact Person:

Phone: Fax: Fax:

PATIENT INFORMATION

Firs t Name: Middle: Last:

Date of Birth: Male: Female:

Phone Number (Home): Cell:

Email:

INSURANCE Please send copies of cards.

Primary: Secondary: Self Pay? Yes ☐ NO ☐

REFERRING DIAGNOSIS

- ☐ Neck Pain
- ☐ Facial Pain
- ☐ Fibromyalgia
- ☐ Chronic Pain/Medication Management
- ☐ Shoulder/Elbow Pain
- ☐ Hip Pain
- ☐ Compression Fracture
- ☐ Neuropathic Pain
- ☐ Headaches
- ☐ Knee Pain
- ☐ Low Back
- ☐ Pain Other:

REASON FOR REFERRAL

- ☐ Pain Management
- ☐ Addiction Treament

PROCEDURE TREATMENT REQUEST

- ☐ Epidural/Steroid Injection
- ☐ Sacroiliac Join Injection
- ☐ Joint / Bursa Injection
- ☐ Facet Joint Injection / Radiofrequency Ablation
- ☐ Trigger Point Injection/Dry Needling
- ☐ Spinal Cord Stimulation
- ☐ EMG Nerve Conduction Study
- ☐ Other

CHECK LIST

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