

REFERRAL TO PAIN MANAGEMENT SERVICES

TRIANGLE PAIN CONSULTANTS

Please complete this form and fax to:

Phone: 919-322-2064

FAX:919-322-2153

(Include office notes, imaging and studies.)

Dr. Aysel Atli

Referring Physician _____ Phone _____ Fax _____

PATIENT INFORMATION

Last Name _____ First Name _____ MI _____ DOB _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Diagnosis related to pain: _____

INSURANCE INFORMATION

Insurance Company Name _____ Policy # _____ Group # _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Co-Pay _____ Deductible _____

Insurance Authorization # _____ # Visits Authorized _____ Claim # _____ Date of Injury _____

Procedure Only (Prior authorization is required)

SERVICES

- Consultation only
- New patient evaluation
- Referral with ongoing management
- Consultation with Procedure as appropriate
- Procedure Only (please check desired choice)

Follow-up care

- I would like to see this patient at a follow-up appt. after the procedure
- I am referring the patient to you for long-term care

- Cervical/Thoracic Epidural Steroid Injection
- Lumbar Epidural Steroid Injection
- Nerve root blocks
- Stellate ganglion block
- Sympathetic block
- Peripheral nerve blocks _____
- Cervical/Thoracic Facet Joint Injection
- Lumbar Facet Joint Injection
- Lumbar Radiofrequency Ablation
- Cervical Radiofrequency Ablation
- Thoracic Radiofrequency Ablation
- Joint Injection Area: _____
- Discogram
- Spinal Cord Stimulator
- Other: _____

DIRECTIONS

Triangle Pain Consultants
8300 Health Park Suite 109
Raleigh, NC 27615
Phone: 919-322-2064
Phone/Fax: 919-322-2153

**Our office will call your patient
within 24 hours to schedule an
appointment.**

