



Physicians' Spine Center

PATIENT REFERRAL PAD

ATLANTA
 1100 Lake Hearn Dr.
 Suite 320
 Atlanta, GA 30342
 Phone 404-257-1858
 Fax 404-257-1914

DECATUR
 2774 N. Decatur Rd.
 Decatur, GA 30033
 Phone 404-292-2277
 Fax 404-292-2294

LAWRENCEVILLE
 481 W. Pike St.
 Lawrenceville, GA 30045
 Phone 678-376-3550
 Fax 678-376-4558

FIND US ON THE WEB

For more information on any of our services please visit us on the Web at:

www.radiologyatlanta.com

PATIENT NAME:			
APPOINTMENT TIME:		DATE:	
DOB:	HOME #:	WORK #:	
DRUG ALLERGIES:			
REFERRING PHYSICIAN:			
CLINICAL IMPRESSION:			
REASON FOR STUDY:			
ICD-CODE:			

- Epidural Steroid Injection with Epidurogram _____ Single or Series of 3
- Transforaminal Epidural Steroid Injection
- Root Sleeve Injection-Anesthetic Only
- Root Sleeve Injection-Steroid and Anesthetic
- Discogram with or w/o CT *
- Myelogram with or w/o CT *
- Facet Joint Injection
- Joint Injection
- Arthrogram with or w/o MRI
- Trigger Point Injection
- Sacroiliac Joint Injection with or w/o CT
- Epidural Steroid Injection _____ Single or Series of 3
- Other _____

* PSC - Atlanta only

Levels to be Injected: _____

Call Report: _____

Copy of Films: _____

Referring Physician Signature: _____

Patient Instructions:

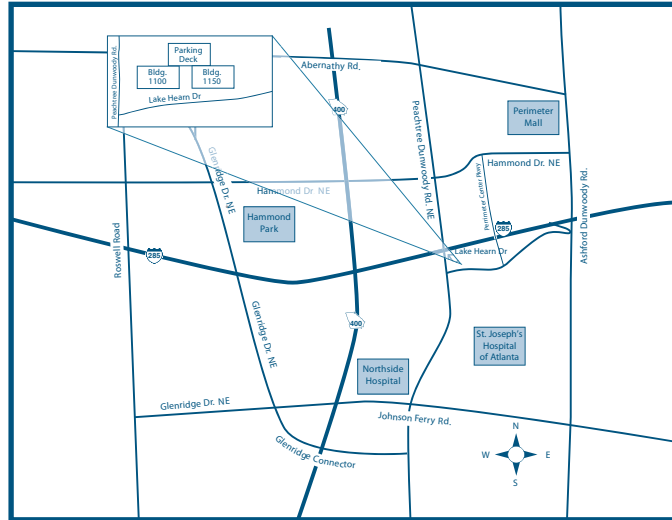
- Please bring MRI and CT Scans
- Please allow 90 minutes for appointment and arrange for a driver
- Please bring this sheet to your appointment
- Please notify the technologist or doctor if you think you may be pregnant

Comments: _____



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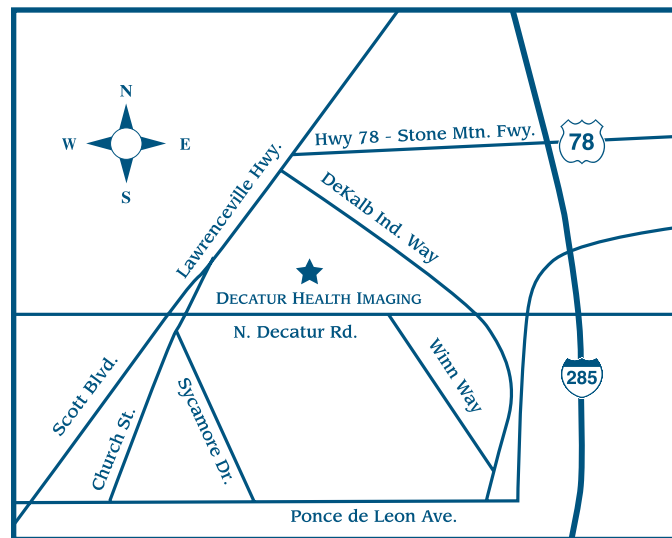
MAP REFERRAL



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ATLANTA LOCATION

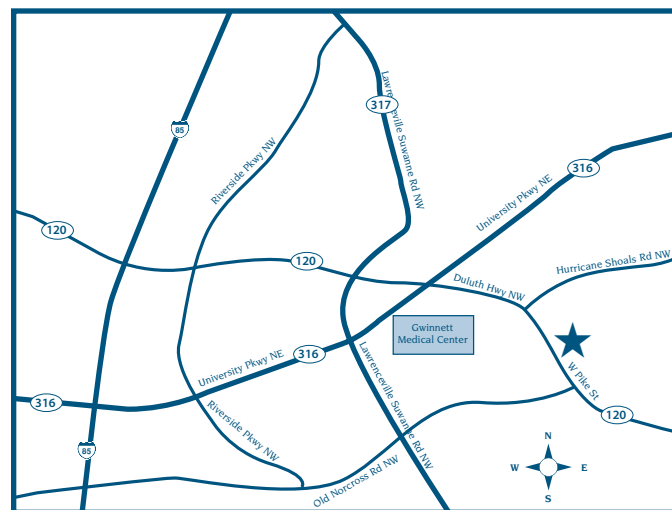
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