

SHEPHERD PAIN INSTITUTE

2020 Peachtree Rd. N.W. Atlanta, GA 30309 Phone 404-352-2020 Fax 404-367-1236 shepherdpaininstitute.org



Shepherd
Center
SHEPHERD PAIN
INSTITUTE

Patient Name _____

Phone # _____

SS# _____ DOB _____

Diagnosis (ICD-9 Required) _____

Insurance Type _____

Referring Physician _____ Phone _____

Office Contact _____ Fax _____

Reason for referral? _____

REFERRAL FOR:

- Consult Only
- Evaluate and Treat
- Evaluate for IDET
- Evaluate for Implantable Pump (pain/spasticity)
- Evaluate for Implantable Stimulator
- Psychophysiological Evaluation
- Comprehensive Pain Evaluation (MD, PT, PhD)
- BioFeedback
- PHYSICAL THERAPY (include physician order)
- Other _____

Procedure Only

- Acupuncture
- Discogram (Level _____)
- Epidural (Level _____)
- Nerve Block (Level _____)
- Facet Joint Injection (Level _____)
- Trigger Point Injection (Level _____)
- Ketamine Infusion

REFERRAL TIME FRAME:

- First Available Appointment
- ASAP (within 5 business days)
- Stat *must call office* (within 24 hours)

PROVIDER:

- Tobias Musser, M.D.
- Erik Shaw, D.O.
- Urszula Klich, Ph. D.
- Chris Nesbitt, PT (Fax number: 404-350-3080)

PLEASE INCLUDE THE FOLLOWING:

Failure to forward the following items will delay scheduling.

- ✓ Copy of Insurance Card
- ✓ Demographic Information
- ✓ Treatment Notes (history and physical and last three progress notes)
- ✓ Diagnostic Reports (including x-ray, CT, MRI or EMG)
- ✓ Any other medical information you feel will be of assistance

Scheduled by _____

Appt. Date/Time _____ Physician _____

Thank you for choosing the Shepherd Pain Institute