

Spine & Pain CARE



FAX TO: (864) 286 3077

Aathi Thiyaga M.D.

Board Certified in Physical Medicine & Rehabilitation,
Pain Medicine, Spine Injury Medicine
Tel: 864 373 7246 Email: 373pain@Gmail.com

CONSULTATION REQUEST

Call: 373 PAIN
GreenvillePain.com

Please enclose the following information *if available*:

1. **Demography sheet** or complete the patient demography box
2. **Recent office note** or list of current medications
3. **Any imaging reports** : e.g MRI or CT

Demography:

Patient's Name:.....DOB:.....SSN:.....
 Mobile:.....Home..... Work:.....
 Primary Insurance:..... Secondary Insurance:.....
 Is this WC? YES/NO Claim #:..... Case Mx:..... Phone:.....

Select a Service:

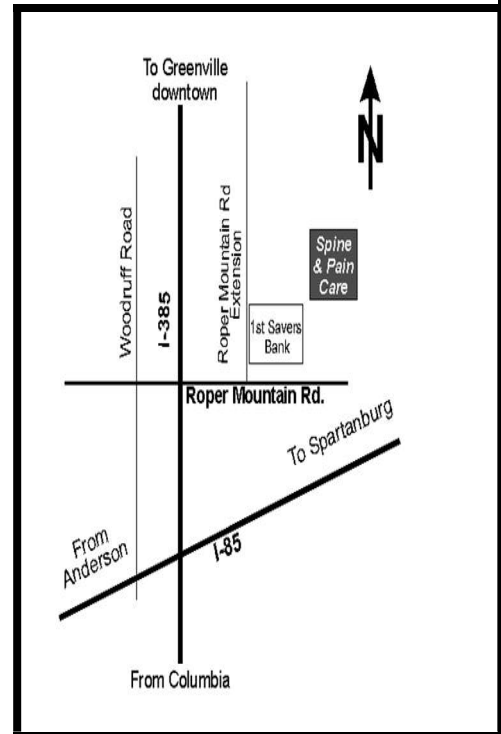
- Eval & Treat: Pain in Neck / Back / Joint / Limb / Headache
- Spinal Procedure
- Joint Procedure (e.g.: Hip, Knee, Shoulder, Hand).....
- Electro diagnosis (e.g.: EMG/NCV)
- Physical Medicine and Therapy:.....

Requesting Physician's Name:.....

Physician Sign:.....Date:.....

Tel :.....Fax:.....

We will contact patient and return this fax with appointment date.
 Visit GreenvillePain.com
for online new patient questionnaire, directions, map and services.



FOR SPINE & PAIN OFFICE USE:

- Appointment Scheduled for your patient atAM/PM on Thanks for referral. ☺
- Please provide us: MRI /CT report, List of current meds, Demography/Insurance,
- Pre-authorization required. PA # :..... Other:.....
- Attempted to contact patient x 3; no response. Please check contact numbers. Thanks.