phone :: 205.332.3160 | fax :: 866.702.0880 | www.bamapain.com

ALABAMA PAIN PHYSICIANS
Comprehensive Pain Care

Pain Management Referral

Patient Name: _____ DOB: _____

Phone Number(s): _____

Insurance Provider: _____

☐ Pain Management *(e.g. Low back pain)*: _____

☐ Directed Procedure *(e.g. epidural, steroid injection and specific body region)* : _____

☐ EMG/NCS ..... Upper Extremity ○ Lower Extremity ○

Comments *(detailed description regarding how we can assist your patient)*: _____

_____

_____

Office Location:

○ 2868 Acton Road
Vestavia, AL 35243

○ 727 Memorial Drive
Bessemer, AL 35022

*Please include available patient demographics, clinic notes, and imaging

Referring Provider *(include NPI, if known)*:

_____

Contact Person: _____

Phone: _____ Fax: _____

All Referrals can also be sent via email to ***referrals@bamapain.com***