



Pain Management/Procedure Referral

Patient Name: _____ DOB: _____

Home Phone: _____ Cell Phone: _____

Insurance Provider: _____

Preferred Physician:	Audra Eason, MD	Alexander Pisaturo, MD	Harrison Irons, MD
	Erin Morella, MD	First Available	

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

Directed Procedure (IMAGING and NOTES REQUIRED - e.g. epidural, injection, block, and specific body region):

Electromyogram (EMG)/Nerve Conduction Study (NCS): Upper Extremity Lower Extremity

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

Please attach all of the following: Front and back of insurance card, demographic sheet, imaging, and clinic notes.

**Please be sure insurance is active. We do not accept Medicaid, Work Comp, or self pay.*

Office Location:	2868 Acton Road Birmingham, AL 35243	727 Memorial Drive Bessemer, AL 35022
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Referring Provider (include NPI, if known): _____
First Last NPI

Practice Name: _____ Specialty: _____

Contact Person: _____

Phone Number: _____ Fax Number: _____

EHR Direct Messaging Address: _____

Referrals can also be submitted online at:
Bamapain.com/Online-Referring-Provider-Form/

