ALABAMA PAIN PHYSICIANS
Comprehensive Pain Care

Pain Management / Procedure 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 Birmingham, AL 35243 | ○ 727 Memorial Drive Bessemer, AL 35022

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

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

_____ _____ _____
First Last

Contact Person: _____

Phone: _____ Fax: _____

EHR Direct Messaging Address: _____

*Referrals can also be submitted online at
http://bamapain.com/online-referring-provider-form/