



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 (e.g. epidural, injection, block, and specific body region): _____

EMG/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

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/

