CENTERS FOR
PAINMANAGEMENT

1493 Kennedy Road Suite B
Tifton, Georgia 31794

910 North 5th Street Office D
Cordele, Georgia 31015
229•391•2910 (Phone)
229•386•4770 (Fax)
www.managepaintoday.com
Tifton Office (Injections & Visits)
Cordele Office (Injections & Visits)
Douglas Office (Visits Only)

1309 Ocilla Road
Douglas, Georgia 31533

Please fax referral form along with MRI/CT, x-rays, Physician Notes, medication list and recent labs to 229•386•4770

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Referring Physician:_____ NPI #_____

Address:_____

Date of Referral:_____Phone(_____) _____-_____ Fax:(_____) _____-_____

Type of Appointment being requested: ☐ Evaluate & Treat ☐ Consult + Procedure ☐ Consult Only

Referring Physician's Signature (*required*):_____

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Patient's Name:_____

Gender: ☐ Male ☐ Female DOB:_____/_____/_____

Home Street Address:_____

City: _____ State: _____ Zip: _____

Home Phone:(_____) _____-_____ Cell Phone: (_____) _____-_____

Work Phone: (_____) _____-_____ Social Security # :_____/_____/_____

Patient's Diagnosis (ICD-9 Required):_____

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Primary Insurance Carrier (Name and ID Number): _____

Secondary Insurance Carrier (Name and ID Number): _____

Please provide us with a copy (front and back) of the insurance card(s)

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OFFICE USE ONLY

Account#_____ Received:_____ / _____ / _____Contacted:_____ / _____/ _____

Scheduled:_____ / _____ / _____ Time:_____