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Phone: 205-333-8554 Fax: 205-752-7696

## Fax epidural block and procedure referrals to 205-759-1511

\*\*\*Prior to being considered for pain medication therapy, benzodiazepine medications need to be discontinued or in the process of being weaned if medically appropriate. \*\*\*

Reason for referral (circle one	e) Epidurai Biock	Pain ivianagement	
Has the patient been treated by Sp	ine Care or another Pain Ph	ysician in the past year? YES	NO
Patient Name:		DOB:	
Address:		City:	
State:Zip:	SSN:		
Home Phone: ()	Cell: ()	Work:()	
Insurance Carrier:			
Policy:		Group:	
Name on Policy:		DOB:	
Secondary Insurance Carrier:			
Policy:		Group:	
Name on Policy:		DOB:	
Referring Physician:	Fax#:	Phone:	

<u>Please send the two, most recent office notes, imaging (this is REQUIRED), and a list of current medications.</u> All records will be reviewed by the physician prior to scheduling, then an approval or denial will be determined. For new patient pain management appointments, please allow a two-week turn-a-round time for review and contacting the patient.

If you have any questions, please contact our office at 205-333-8554. Thank you for your referral!