



300 Hospital Circle Suite 102 Paris, TN 38242  
Phone: 731-644-8484

**FAX PAIN & SPINE CLINIC REFERRAL FORM TO: 731-644-8488**

Date: \_\_\_\_\_

Referring Provider: \_\_\_\_\_ Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

**Patient Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Chief Complaint: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_

**FAX THE FOLLOWING REQUIRED INFORMATION WITH THIS REFERRAL FORM:**

**Demographic Sheet from Clinic**

**Copy of Insurance Cards (Front and Back)**

**Office Visit Notes**

**Any other Physical Therapy notes, etc.**

**Current List of Medications**

**All Pertinent Imaging Reports**

**\*\* A new or updated MRI (or CT if unable to obtained MRI) within the last 12 months.**

**Please note there could be a delay in scheduling without this documentation.**