



GEORGIA
PAIN & SPINE
SOLUTIONS

REFERRAL FORM

Phone: 800.533.8210

Fax: 404.745.8013

Email: info@georgiapss.com

www.georgiapss.com

PATIENT INFORMATION

Patient Name _____ DOB _____

Home Phone _____ Cell Phone _____

INSURANCE

Primary Insurance _____ Member ID # _____

Secondary Insurance _____ Member ID # _____

Attorney Information _____

REFERRAL REASONS: (Write In)

Diagnosis _____

Procedure Request _____

Provider Request:

Dr. Marcus Polk

No Preference

SUPPORTING DATA: (Include All)

➤ Insurance Card

➤ Patient Demographics

➤ Imagery (X-Rays, MRI, CT, etc.)

➤ Past Medical History

➤ This Referral Form (copy)

REFERRING OFFICE INFORMATION

Referring Office Name _____ Phone # _____

Referring Physician Name _____ NPI _____

Office Locations

Hiram - 76 Hiram Pavilion Ct. #133 - Hiram, GA 30141

Atlanta/Brookhaven - 3006 Clairmont Rd - Brookhaven, GA 30329

Riverdale - 195 Upper Riverdale Rd, Ste. A Riverdale, GA 30274