



ORION  
SPINE AND PAIN

## Referral Form

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone number: \_\_\_\_\_ Insurance: \_\_\_\_\_

Address: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Treatment recommendation (if applicable): \_\_\_\_\_

\*\*\*Please make sure to fax or email this referral form and include the following:

1. All Imaging Reports: X-Rays, MRI's, CT's (*relevant to pain we are to treat*).
2. Last visit office note
3. Most recent labs including CBC, CMP/BMP, HbA1c (if not included in visit note)
4. EMG/Nerve Conduction Test Reports (if applicable)
5. List of pain procedures with dates (if applicable)
6. Discharge Letter (if patient was under pain management or receiving opioid medications)

**Please send to:**

Fax # 855-538-2179

or Email: [info@orionspineandpain.com](mailto:info@orionspineandpain.com)

For questions please call us at our office phone # 678-325-1224

Referring provider's name and practice name:

\_\_\_\_\_

Referring provider's phone and fax:

\_\_\_\_\_

**Kindly text Dr Preeti Narayan at Direct cell 678-890-8157-** when sending a referral

Practice address: 780 Canton Rd NE Suite 330, Marietta, GA 30060

Thank you for your referral!