Carolinas Pain Institute, PA
131 Providence Road Suite 201| Charlotte, NC 28207
Phone (336) 765-6181
Fax (336) 714-8380
Physician Direct Line: 336-714-6454
www.carolinaspaininstitute.com

PATIENT REFERRAL FORM – CHARLOTTE

Please choose from one of the following options:

__Dr. Kamal Ajam __Dr. James Deering __Dr. Christopher Gilmore __Dr. Carrie Johnson

__Dr. Leonardo Kapural __Dr. Richard Rauck __FIRST AVAILABLE

1. Patient Demographic Information

Patient name: _____
Street address: _____
City: _____ State: _____ Zip: _____
Phone number: _____ Alternate phone number: _____
DOB: _____ SSN: _____
Patient's employer: _____
Patient's primary care physician: _____
Patient's Primary Insurance: _____
Patient's Secondary Insurance (if any): _____

2. Referring Provider

Referring physician: _____
Office address, city, state, zip code: _____
Office phone number: _____ Fax: _____
Office contact person: _____

3. Referral Criteria

What service would you like us to provide to your patient? Please check one:

__ Consideration for the following procedure:
__ Consultation with recommendations made for pain management
__ Evaluate and assume responsibility for pain management

4. Medical Imaging and required documents:

Please fax this completed form to the fax number listed above, along with:

__ Copy of patient's insurance card(s) **(Front and back copy is required before referral is reviewed)**
__ Copies of 2-3 most recent office notes
__ Copies of any X-ray/MRI/CT reports relating to the patient's pain symptoms

*Once received, please allow up to **10 business days** for our physicians to review. Once approved, our staff will contact the patient directly to schedule an appointment. If we are not able to provide services to your patient, a staff member will notify your office as soon as possible. Thank you!*

Additional Questions? Please contact Lisa Cahill, Physician Liaison at 954-695-9162/LCahill@ccrpain.com