ProCareWellnessInstitute
NEUROPATHY TREATMENT CENTERS

FAX THIS FORM TO:
912.304.5624
NEW PATIENT SCHEDULING PHONE: 912.348.3818
referrals@nervepainmds.com

NEUROPATHY CENTER REFERRAL FORM

Today's Date:		Patient DOB:	
Patient Name:		☐ M ☐ F	
Primary Care Physician:		Phone:	
PATIENT DEMOGRAPHICS (may attach face sheet instead)			
Address:	City:	State:	Zip:
Phone:	Alternate Phone:		
PATIENT INSURANCE INFORMATION (may attach face sheet instead)			
Primary:		ID#:	Group#:
Phone:			
Secondary:		ID#:	Group#:
Phone:			
REFERRAL REASON			
☐ Peripheral Neuropathy		☐ Post Surgical Nerve Pain	
☐ Chemotherapy Induced Neuropathy		☐ Sciatic Nerve Pain	
☐ Diabetic Neuropathy		☐ Other	
ADDITIONAL COMMENTS:			
Does Patient have a cardiac pacemaker/defibrillator?		☐ No ☐ Yes	
Does Patient have an infusion pump?		☐ No ☐ Yes	
REFERRER INFORMATION			
Name:	Phone:		Fax:
Referral Source:	☐ Physician	☐ Discharge Planner	☐ Nursing Home
	☐ Home Health	☐ Other:	

We will contact patients within 24 hours to schedule their appointment.
Thank you for your continued support and trusting us with your patients.

Download, Complete and Fax New Patient Referral Form to (912) 304-5624

Call our New Patient Coordinator at (912) 348-3818

Email form to: referrals@nervepainmds.com

Complete a referral order using Leading Reach™

PLEASE INCLUDE ALL RELEVANT MEDICAL RECORD PROGRESS NOTES WITH DIAGNOSIS, LAB TESTS AND IMAGING RESULTS.