**AUGUSTA PAIN CENTER**
**1321 Interstate Parkway**
**Augusta, GA 30909**
**Phone: 706-738-PAIN (7246)**
**Fax: 706-738-7248**
**www.augustapaincenter.com**

**Richard S. Epter, MD**
***Medical Director***
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## *PAIN MANAGEMENT PHYSICIAN REFERRAL*

Date: ________________

**Appointment Date and Time**: ______________________________ w/ Dr. Epter

Referring Physician: ______________________________ NPI: _________________
Primary Care Provider: ________________________________

☐ Same as Referring Physician

Practice Name and Address: ________________________________________________

__________________________________________________________________________
_____________________________________________Contact: _____________________

Phone: _______________________________ Fax: ______________________________

**Patient:**___________________________________**D/O/B:** ________________________

**ID#**________________
PAIN DESCRIPTION: _______________________________________________________
☐ CONSULT ONLY WORK. COMP OR CAR ACCIDENT:___________

Insur:________________ID:____________________________Grp#________________
2nd___________________ ID:____________________________Grp#________________
3rd ___________________Policy Holder Name: _________________________________
DOB: ______________ ☐ SS# ________-______-_________

**FOR APC USE ONLY:** *TL* **Date Received:** ____________

- ☐ **First Contact Attempt Date:** ___________
- ☐ **Failed/Left Message Attempts:** __________ , __________,__________,__________
- ☐ **Scheduled Directly With Referring Office (Name)** ___________________
- ☐ **Unable To Contact/Schedule Patient (DROP)-Referring Office Notified**

**Comments:** ___________________________________________________________

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