AllSpine
Laser and Surgery Center

Shahram Rezaiamiri, MD, FACS | Robert Friedman, MD, FACS | Bradley Troxler, DO

Scheduling: 770.997.0600 Fax in request: 678.565.3625

E-mail in request: patientcare@allspinesurgerycenter.com

Locations

☐ **Stockbridge**
900 Eagles Landing Pkway
Stockbridge, GA 30281
OPEN MRI

☐ **Decatur**
1944 Clairmont Rd
Decatur, GA 30033
OPEN MRI

☐ **Newnan**
3229 Hwy 34 E,
Suite 103
Newnan, GA 30265

☐ **College Park, GA Office**
1720 Phoenix Blvd, Ste 570
College Park, GA 30349

☐ **Marietta, GA Office**
2470 Windy Hill Road, Ste. 260
Marietta, GA 30067

Referral Information

Date: _____ Patient Name: _____

DOB: _____ Phone: _____

Chief Complaint: _____

Treating Provider & Phone: _____

Referral for:

☐ E&M ☐ E&M w/ MRI if needed ☐ Surgical Consult ☐ Pain Management ☐ NCV/EMG

☐ Upper Extremity ☐ Lower Extremity: ☐ R ☐ L ☐ Bilateral ☐ MRI (Area:_____)

☐ Other _____

***Please attach most current office note for proper precertification**

Policy Information

Insurance Carrier: _____

Policy #: _____

Accident Related: ☐ Yes ☐ No Date of Accident: _____

Attorney Representation: ☐ Yes ☐ No Law Firm: _____

Work Related: ☐ Yes ☐ No Date of Injury: _____

Case Manager Name & Phone: _____