Advanced Pain Treatment Center
INNOVATIVE HELP FOR MANAGING YOUR PAIN

ADVANCED PAIN TREATMENT CENTER
EDGEWOOD (KY).
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859-331-4159(Tel), 859-331-4163 (Fax), 513 492 9325(FAX)
info@aptcmd.com, **www.aptcmd.com**

Referral Form

Patient Name: _____ DOB: _____

Home Telephone # _____ Alt #_____

Referring Practioner: _____

Symptom / Diagnosis: _____

Insurance Type:

Primary: _____

Secondary: _____

IS PRE-CERTIFICATION OR PREAUTHORIZATION NEEDED? YES / NO

IF YES, PLEASE GIVE THE PRE-AUTHORIZATION OR PRECERT #_____

PLEASE CHECK ONE:

Is this referral for ☐ Evaluation & Management OR ☐Only Evaluation?

- IF AVAILABLE, PLEASE FAX THE REPORT OF THE FOLLOWING TO THE CENTER

  ☐ MRI ☐ CT Scan ☐ Myelogram ☐ X-Ray of spine ☐ EMG & NCS

- ON THE DAY OF EVALUATION, PLEASE HAVE THE PATIENT BRING THE FILMS OR THE CD ROM OF THE MRI, CT SCAN OR X-RAY OF THE SYMPTOMATIC PART.

- IF AVAILABLE, PLEASE FAX RELEVANT OPERATION or PROCEDURE NOTES.

PLEASE FAX THIS COMPLETED FORM TO: 859-331-4163 or 513 492 9325 or EMAIL TO INFO@APTCMD.COM.

PLEASE CALL 859-331-4159 IF YOU HAVE ANY QUESTION

THANKS FOR YOUR REFERRAL