



Hemant Yagnick, MD
Board Certified in Anesthesiology
& Pain Management, Director

Sanjeev Kapuria, MD
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CONSULTATION/REFERRAL REQUEST

Date of Request: ____/____/____

Dr. / NP / PA / Case Manager: _____ requests a consultation for Pain Management

(check one) First available appointment Hemant Yagnick, MD Sanjeev Kapuria, MD

Patient Name: _____

Address: _____ City _____ State _____ Zip _____

Phone#: (____) _____ - _____

Date of Birth: ____/____/____

Social Sec.# _____ - _____ - _____

Insurance ID#: _____

Insurance Company : _____

Referring MD:
UPIN # _____
NPI # _____

Reason for referral: (e.g. medication management, injections, eval & treat etc.)

The patient's diagnosis: (low back, neck, joint pain, migraines, headaches etc.)

To expedite the referral, please fax the following with this form:

- Demographics page
- Front and Back of insurance cards
- 1 to 3 recent office notes
- MRI/CT reports

For additional information, please contact Robin, our Referral Specialist directly at: (706) 922-2760

We will return fax with the following information:

Appointment Date: ____/____/____ Time: ____ AM / PM