



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

Sanjeev Kapuria, MD
Board Eligible in Anesthesiology
and Pain Management

Eldhose Abrahams, MD
Board Eligible in Anesthesiology
and Pain Management

Van Malia, DO
Board Eligible PM&R
and Pain Management

Retaunda Riley, PA-C

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
 Eldhose Abrahams, MD Van Malia, DO

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 2 recent office notes
- MRI/CT/EMG/X-Ray reports

For additional information, please contact Joanna, our Referral Specialist directly at: (706) 922-7254

We will return fax with the following information:

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