

North Georgia Pain Clinic
1320 Oakside Dr.
Canton, Georgia 30114

NGPC Referral Form
Clinical Must Accompany Referral
Appointments: 770-479-2322
Fax: 770-720-7695

Please circle a Physician and office location below:

Barry Straus, MD, JD
Canton
Cartersville
Cumming

Efrim Moore, MD
Atlanta
Canton
Cumming
LaGrange

Peter Morrison, MD
Canton
Cartersville
Cumming

Date: _____

DOB: _____

Patient Name: _____ Patient's Phone #: _____

Diagnosis: _____

Requested Procedure: _____ Evaluate & Treat: _____
(if accompanied clinical supports ESI, we will try to obtain ESI precertification for first appointment.)

Comments: _____

Referring Physician: _____

Phone: _____ Fax: _____

Patients Insurance Coverage: _____

We accept most major Insurance carriers:

However, we do not accept the following:

*Amerigroup, Coventry, Obama Exchange Plans, Tricare Prime, Wellcare, Wellstar, Kaiser
or Medicaid as primary coverage.*

Please Include:

- Patient's Demographics,
- Copy of Insurance Card (front & back)
- Initial History & Physical
- Referral Authorization
- Last 3-4 Office Notes
- Radiology Reports (MRI, CT, XRay)
- List of **ALL** medications & date prescribed.

If authorization is required for patient to be seen or for treatment by a specialist, please initiate with PCP.