Atlantic Brain and Spine, P.A.

☐ 2208 S. 17th St., Suite 201, Wilmington, NC 28401 ☐ 2800 Ashton Dr., Suite 200, Wilmington, NC 28412

☐ 215 Station St., Jacksonville, NC 28546 ☐ 512 Village Rd, Suite 207, Shallotte, NC 28470

Phone: (910)763-3333 or (910)799-2262 **Fax:** (910)799-2943

Patients can find paperwork and maps on our website at www.atlanticbrainandspine.com

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Circle Preference: First Available Dr. Beecher Dr. Cappuzzo Dr. Davis
Dr. Huffmon Dr. Stricsek Dr. Thomas ***ASAP***

REFERRING PHYSICIAN: _____
NAME NPI# PHONE NUMBER

PERSON COMPLETING THIS FORM: _____
NAME PHONE NUMBER

***ASAP – Patient *MUST* have all radiation images on CD or film, to bring to their appointment, and show an urgent problem. Telephone contact is also recommended after referral sheet is faxed for ASAP patient.**

PATIENT INFORMATION:

_____
LAST NAME FIRST NAME MIDDLE/MAIDEN SEX

_____
ADDRESS: STREET P.O. BOX CITY STATE ZIP

(_____) _____-_____ _____ _____-_____-_____
HOME PHONE NUMBER DATE OF BIRTH AGE SOCIAL SECURITY NUMBER

(_____) _____-_____ (_____) _____-_____
CELL PHONE NUMBER EMPLOYER WORK PHONE NUMBER

Is this a second opinion? _____ Previous physician: _____

Reason for referral: _____ Date of injury: _____

AN APPOINTMENT CANNOT BE MADE UNTIL THE FOLLOWING INFORMATION IS RECEIVED.

☐ **INSURANCE CARD(S)**
- **FRONT & BACK**

☐ **OFFICE NOTES**

☐ **RADIOLOGY REPORTS**
- **MRI , CT, MYLEOGRAMS**

(Have the following treatments been performed in the past year?)

☐ **RADIOLOGY TESTS**
☐ **INJECTIONS**
☐ **CHIROPRACTIC TREATMENT**
☐ **PHYSICAL THERAPY**

Please Note: *Your office must obtain authorization for **UHC Medicare HMO, Humana Medicare HMO, Veterans Admin/Optum, Tricare Prime,** and **Vocational Rehab** before the appointment is scheduled. Authorizations should be put under the practice name whenever possible, not the specific physician. **Our tax ID is 20-0062134 & Group NPI is 1366407124.** We are unable to get authorization on new patient referrals; they must be obtained by the referring physician's office. Please call us if you have any questions, as we want to make this process as easy as possible. We no longer accept referrals for workers' compensation & we are not currently accepting any new spine-related referrals with Medicaid or Managed Medicaid.*

INSURANCE AUTH REQUIRED? YES NO AUTH #: _____

CONTACT NAME:_____ CONTACT #: _____

Thank you for your referral.