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Referral Form (fax to 404-350-0176)

Referring Physician: _____ Date _____

Referring Physician phone _____

Re: _____ DOB _____

Patient phone _____

Please attach recent MRI report and other necessary test results, current office notes, patient demographics and enlarged copy of insurance card(s) front and back. Patient should bring CD of images to first appointment.

If your patient has not heard from our office within 48 hrs, please call our office manager, Carolyn Morton at (404)350-0106 ext 100. We appreciate your referrals and will work to take care of your patients promptly and professionally.