



**PAIN MANAGEMENT
PHYSICIANS**

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East Alabama Medical Center Pain Clinic

Phone: 334-528-2400

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Date: _____

Name: _____ DOB: _____

Phone: _____

Diagnosis: _____

Insurance: _____

Pharmacy Preference: _____ Phone: _____

Patient on Blood Thinner? YES / NO Type: _____

Please send the following information to the clinic:

- Patient Demographic Information
- Office Notes
- Radiology Report

Referring Physician Phone: _____



Thank you for the referral!!