

# Premier Spine & Pain Center

1543 Kingsley Ave. Bldg. 3      1045 Riverside Ave. Ste 110      6100 Kennerly Rd. Su. 101      159 N. 3rd Street      1548 B. South Water St.

Orange Park, Fl 32073      Jacksonville, Fl 32204      Jacksonville, Fl 32216      Macclenny, Fl 32063      Starke, Fl 32091

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## PATIENT REFERRAL

[www.premierpaincenter.net](http://www.premierpaincenter.net)

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN \_\_\_\_\_

Patient Address: \_\_\_\_\_

Home phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Insurance Type :      ---- Private      ---- Workers Comp      ---- Motor Vehicle Accident

Insurance Carrier – Primary \_\_\_\_\_ Claim#/ ID # \_\_\_\_\_

For WC or MVA Adjuster Name: \_\_\_\_\_ Date of Injury or Accident: \_\_\_\_\_

Adjuster Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Insurance Carrier – Secondary: \_\_\_\_\_ ID# \_\_\_\_\_

Chief Complaints/ Relevant History / Requested Service \_\_\_\_\_

Ct Scan / MRI results for current problem: \_\_\_\_\_

Referring Physician Name: \_\_\_\_\_

Referring Physician Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Primary Care Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

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**Thank you for referring your patient to us, please send us all relevant notes, medications log and any radiology report with the referral.**