INTERVENTIONAL PAIN CENTER

Office # 615-972-1100 | Fax # 615-537-4950

Hendersonville Medical Center location
353 New Shackle Island Rd Suite 148C
Hendersonville, TN 37075

Skyline Medical Center location
3443 Dickerson Pike Suite 730
Nashville, TN 37207

REFERRAL FOR: ☐ DR. BRAD WILSON, DO	☐ DR. FAIREN WALKER-MCCARTER, MD
Date: _____	Patient Name: _____
Referring Provider: _____	Patient DOB: _____
Referring Provider Phone: _____	Patient Phone: _____
Referring Provider Fax: _____	Referral Diagnosis: _____

REASON FOR REFERRAL

☐ Evaluate/treat for pain management

☐ Procedure Only

☐ Special Request: _____

_____

_____

REQUESTING PROCEDURE

☐ Epidural Injection	☐ Cervical	☐ Thoracic	☐ Lumbar	
☐ Facet Injection/Medial Branch Block	☐ Cervical	☐ Thoracic	☐ Lumbar	
☐ Radio Frequency Ablation	☐ Cervical	☐ Thoracic	☐ Lumbar	☐ Sacroiliac
☐ Spinal Cord Stimulator Trial	☐ Lumbar	☐ Cervical		
☐ Joint Injection	☐ Shoulder	☐ Hip	☐ Knee	

☐ Peripheral Nerve Stimulator Trial

☐ SI Joint Injection

☐ Other: _____

_____

_____

PLEASE SUBMIT THE FOLLOWING DOCUMENTATION WITH REFERRAL:

1. DEMOGRAPHICS SHEET
2. COPY OF INSURANCE CARD OR WORKER'S COMP INFORMATION
3. MOST RECENT OFFICE NOTES
4. MOST RECENT IMAGING REPORTS

Please Fax referral documents to **Fax#: (615) 537-4950**

We will call the patient, schedule the appointment and then fax that information back to you.