

FAX TRANSMITTAL
for
Referral Request

To: PHYSICIAN PAIN + WELLNESS

From: _____
Name Facility/Physician

Fax #: 770-752-9166 or 770-569-7007 Pages: _____ (incl. coversheet)

Re: Patient: _____

Attachments (please check):

- Progress Notes
- Imaging Report
- Other: _____

Comments:

