CRH PAIN MANAGEMENT REFERRAL FORM

CRH Pain Management Kate Paylo, D.O., FAAPMR	Referring Physician Information Office Name		
100 Doctors Drive, Suite A	Address		
Douglas, Ga 31533	Dhana		
Ph (912) 389-2160 Fax (912) 720-9050			
	Fax		
	Email		
PATIENT INFORMATION			
Name			Dr. Paylo's proficiencies include:
Address			Platelet-rich plasma injections (PRP)
City/State/Zip			Joint Injections Genicular nerve blocks
DOB		5	Lumbar transforaminal epidural
SS#			injections Lumbar epidurals
Best Contact #			Lumbar medial branch nerve blocks
Email address			Lumbar medial branch nerve radiofrequency ablations
Additional contact #			Sacroiliac joint injections
			Trigger Point injections Cervical epidural injections
Insurance Provider		5	Cervical medial branch blocks
Group #			Cervical medial branch
Policy #			radiofrequency ablations Spinal cord stimulator trials
			Ultrasound-guided peripheral nerve
Additional Insurance			blocks Ultrasound-guided peripheral nerve
Group #			radiofrequency ablations
Policy Number			Peripheral nerve stimulator implantations
			& more
*Please include a copy of front an patient's pertinent diagnostic repo			
All workers comp patients must have the	ne following:		
Date of injury Clain			
Case Worker Name & Contact #			
Services Requested:			
Consult for Interventional Pain Mana Other (please list):	уетені тіегару		
NOTICE Pain Medication Managem location, but Dr. Paylo will discuss optior scribed and procedures for pain manage	ns with the patient. Pain	Med	icine is not typically pre-

Thank you for your referral! Please call the office directly with any questions!

please make the patient aware of this.