



Pain Management

Phone: 601-932-0238
MethodistOnline.org

Ryan McGaughey, MD

Jeremy Smitherman, MD

LeLouise Davis, NP

Requested Provider: First Available McGaughey Smitherman Davis

Date of referral: _____ Contact Person at Referring Office: _____

Referring Provider: _____ NPI: _____

Referring Provider Phone: _____ Referring Provider Fax: _____

Patient Name: _____ Patient DOB: _____

Patient Social Security #: _____ Cell: _____ Other: _____

Diagnosis/Pain Condition: _____

Specific Request (if applicable): _____

Is Patient on Blood Thinners Yes No

Insurance: _____

Worker's Comp? Yes No Worker's Comp Claim _____

#: _____

Date of Injury: _____ Carrier: _____

W/C Adjustor: _____ Contact Phone: _____

Please fax the following information with this form:

- | N/A | Done | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of demographic sheet or insurance card(s) |
| <input type="checkbox"/> | <input type="checkbox"/> | Office notes specifically related to the pain, if available |
| <input type="checkbox"/> | <input type="checkbox"/> | Radiology reports (MRI, CT) |
| <input type="checkbox"/> | <input type="checkbox"/> | Current list of medications and allergies, if available |

Please fax to 601-932-5920 or 601-932-4391 or email to painmanage@mmcrehab.org