

Lynn Fraser, MD

Anesthesiologist Specializing in Interventional Pain Management

Pinehurst Surgical
5 First Village Drive
Pinehurst, NC 28374
Phone (910) 235-2987
Fax (910) 215-6026

Physician Referral for Evaluation and Treatment

Date _____

Patient Information-

Patient Name _____

Patient Address _____

Patient Phone (and alternate if available) _____

Patient Date of Birth _____

☐

Male

☐

Female

Patient Insurance _____

Group Number/Policy Number _____

Nature of Condition to be Evaluated-

Brief Description _____

List Recent Imaging- X-ray, MRI, CT (please include any available reports) _____

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Routine Referral (next available appointment)

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Urgent Referral (work-in if possible)

Referring Provider Information-

Referring Provider Name and Practice _____

Telephone Number _____

Please fax completed referral form to (910) 215-6026.

We will contact the patient with appointment information. Thank you!