Randall C. Berinhout, M.D.
Elesha Gray, C-FNP
Lauren Embry, C-FNP

Dominic Seymore, M.D.
Paul K. White, M.D.
LaTanja Hood, C-FNP

Referral Request Form

Fax to: 770-389-5947 or 770-506-4686

***Please forward all patient demographics, supporting medical records and imaging. *(Electronically accepted as well.)* This information is needed before we can schedule your patient's appointment.**

Physician/Practice Referrer Information:

Referring Provider Name (First & Last Name, Credentials) and address:

_____

_____

_____

Phone:_____ Fax:_____

Patient Information:

Patient name: _____

Diagnosis: _____

Cell/work:_____ Home phone:_____

Reason for Referral:

- Evaluation and Treatment
- Procedure Only (Please list procedure and attach order.)

  _____
- Nerve Conduction/EMG study: Upper/ Lower/ Both
- Other: _____

165 North Park Trail, Suite 100 Stockbridge, GA 30281
616-A South 8th Street Griffin, GA 30224
440 Prime Point Peachtree City, GA 30269
Tel: 770-506-1800