



REFERRAL FORM

REQUIRED INFORMATION FOR ALL REFERRALS

REFERRING PROVIDER

Referring Provider: _____ NPI #: _____

Date: _____ Referral Contact: _____

Phone Number: _____ Fax Number: _____

Address: _____ City: _____ State: _____ Zip: _____

PATIENT INFORMATION

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ DOB: _____ SSN: _____

REASON FOR REFERRAL

Location of Pain:

- Low back
- Mid back
- Neck
- _____
- _____
- Diagnosis code

Specific Request

- Eval and treat
- Spinal Cord Stimulator
- Intrathecal Infusion System
- Interspinous Prosthesis (superion)
for spinal stenosis
- Kyphoplasty
- _____

Provider requested:

- Dr. Glenn A. Gehrke

PATIENT INSURANCE INFORMATION

WORKERS COMP? YES NO **APPROVED?** YES NO **AUTO?** YES NO CERT CODE/ATH: _____

INSURANCE CARRIER: _____ PHONE NUMBER: _____

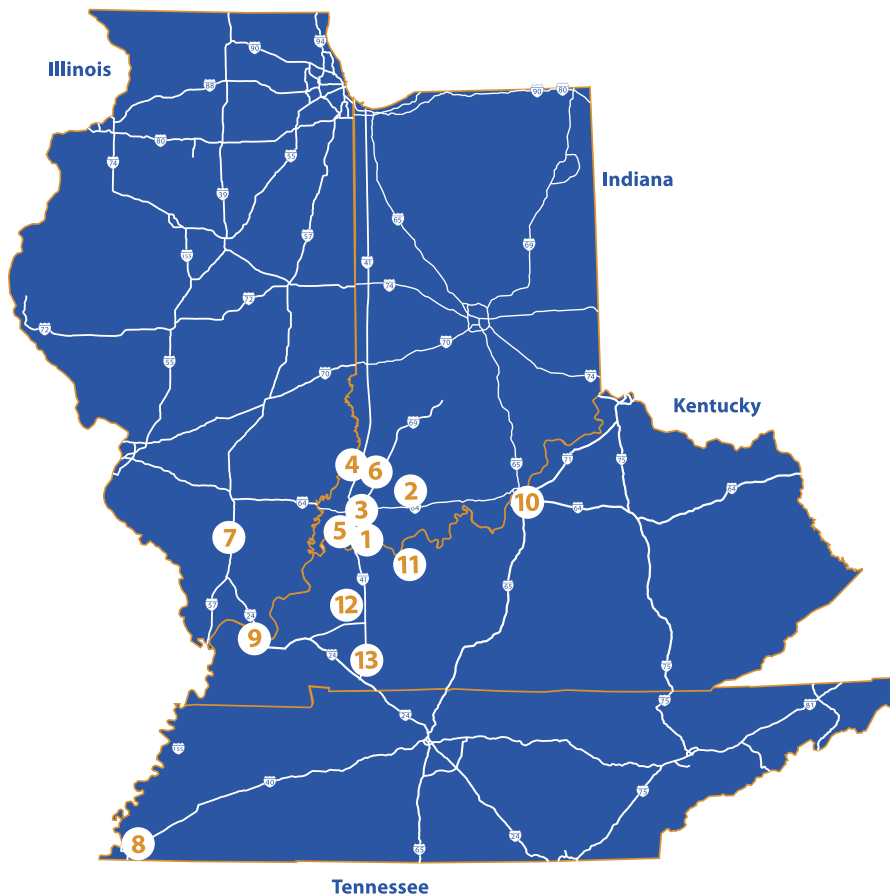
INSURED'S NAME/RELATIONSHIP: _____ DOB ____/____/____ (OF POLICY HOLDER)

EMPLOYER: _____ POLICY #: _____ GROUP #: _____

8001 Centerview Parkway, Suite 215 • Memphis, TN 38018
Phone: 901.249.5905 Fax: 901.249.5940 Email: info@pmcoa.us

Please send office visit notes, recent MRI, X-ray, CT, NCS, or PT reports along with this form. Please fax all the above information.
We will contact you with an appointment date and time. Thank you for your referral.

CLINIC LOCATIONS



PROVIDERS

Laxmaiah Manchikanti, MD
Paducah, KY. Hopkinsville, KY.
Marion, IL.

Mahendra R. Sanapati, MD
Evansville, IN (East and North)
Madisonville, KY

Gavin D. Chartier, MD
Vincennes, IN. Washington, IN.

Glenn A. Gehrke, MD
Memphis, TN

Yuri Khibkin, MD
Evansville, IN (East and North)
Madisonville, KY
Vincennes, IN. Washington, IN.

Riley D. Love, MD
Paducah, KY

Yogesh B. Malla, MD
Paducah, KY. Hopkinsville, KY.
Marion, IL.

Kavita Manchikanti, MD
Paducah, KY. Marion, IL.

Michael K. McFadden, MD
Evansville, IN (East and West)
Madisonville, KY

Randall L. Oliver, MD
Huntingburg, IN. Evansville, IN (West)

Yusuf A. Rashada, MD
Owensboro, KY

Rachel C. Rome, MD
Hopkinsville, KY

Xiaoli (Lily) Wang, MD, PhD
Louisville, KY

Kristal L. Wilson, MD
Louisville, KY

Heloise D. Westbrook, MD
Hopkinsville, KY. Madisonville, KY.

George Woodward, MD
Evansville, IN (East and West)

INDIANA

Evansville, IN (East Side) 1
1101 Professional Boulevard
Suite 100
Evansville, IN 47714
Phone: 812.477.7246
Fax: 812.477.7240
Email: referrals@apccweb.com

Evansville, IN (North Side) 3
2330 Lynch Road
Suite 100
Evansville, IN 47711
Phone: 812.477.7246
Fax: 812.477.7240
Email: referrals@apccweb.com

Evansville, IN (West Side) 5
5320 Weston Road
Suite B
Evansville, IN 47712
Phone: 812.477.7246
Fax: 812.477.7240
Email: referrals@apccweb.com

Huntingburg, IN 2
1013 N. Main Street
Huntingburg, IN 47542
Phone: 812.477.7246
Fax: 812.477.7240
Email: referrals@apccweb.com

Vincennes, IN 4
1813 Willow Street
Suite 3B
Vincennes, IN 47591
Phone: 812.477.7246
Fax: 812.477.7240
Email: referrals@apccweb.com

Washington, IN 6
1717 S. State Road 57
Suite F
Washington, IN 47501-4178
Phone: 812.477.7246
Fax: 812.477.7240
Email: referrals@apccweb.com

KENTUCKY

Paducah, KY 9
67 Lakeview Drive
Paducah, KY 42001
Phone: 270.554.8373
Fax: 270.554.0493
Email: info@pmcoa.us

Louisville, KY 10
6400 Dutchmans Parkway, Suite 60
Louisville, KY 40205
Phone: 502.780.6880
Fax: 502.780.6911
Email: referrals@apccweb.com

Owensboro, KY 11
2200 East Parrish Avenue
Building C, Suite LL103
Owensboro, KY 42303
Phone: 270.854.1306
Fax: 812.379.8109
Email: referrals@apccweb.com

Madisonville, KY 12
200 Clinic Drive, 6th Floor
Madisonville, KY 42431
Phone: 812.477.7246
Fax: 812.477.7240
Email: referrals@apccweb.com

Hopkinsville, KY 13
1717 High Street, Suite 3B
Hopkinsville, KY 42240
Phone: 270.881.4150
Fax: 270.881.4151
Email: info@pmcoa.us

ILLINOIS

Marion, IL 7
108 Airway Drive
Marion, IL 62959
Phone: 618.997.7820
Fax: 618.997.6721
Email: info@pmcoa.us

TENNESSEE

Memphis, TN 8
8001 Centerview Parkway
Suite 215
Cordova, TN 38018
Phone: 901.249.5905
Fax: 901.249.5940
Email: info@pmcoa.us



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MANAGEMENT**
CENTERS OF AMERICA

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