



**Guardian Medical Care
Center for Pain and Headache Medicine**

CONSULTATION REQUEST FORM

Provider Requested: ___ Harsh Dangaria, MD

Location: ___ St. Marys, GA ___ Brunswick, GA

Appointment Type: ___ Urgent ___ Routine/First Available

Requesting Physician/Health Care Professional (HCP) Information: PLEASE PRINT CLEARLY

| | |
|------------------------------------|--|
| Date of Consult Request | |
| Reason for Consult | |
| Referring Physician/HCP | |
| NPI Number | |
| Address/Zip Code | |
| Phone Number | |
| Fax Number | |
| Name of Person Completing the Form | |

Patient Information: PLEASE PRINT CLEARLY

| | | | | | |
|----------------------------------|--|---------------|-------------------|---------------|--|
| Patient Name | | | | | |
| Date of Birth | | Email Address | | | |
| Address | | | | | |
| Main Phone # | | | Secondary Phone # | | |
| Insurance Company Name | | Contract # | | Group # | |
| Secondary Insurance Company Name | | Contract # | | Group # | |
| Primary Card Holder Name | | | | Date of Birth | |

Please attach copy of Insurance card and recent office notes with any testing that have been done.
Fax All Referrals To: **912-324-4097**

___ Completed Form ___ Insurance Card ___ Recent Office Note ___ Any relevant testing results

We will contact and schedule your patient within 48 hours. Provider notes will be sent following specialist visit. If you have any questions, please contact us at 912-324-4080.

Outcome:

Appointment Scheduled On:

Appointment Not Scheduled Reason:

**Center for Pain and Headache Medicine
PH: 912-324-4080, FAX 912-324-4097**

2060 Dan Proctor Dr, Ste. 3300, St. Marys, GA 31558

2600 Parkwood Dr, Brunswick, GA 31520