Neurosurgery & Pain Specialists of the Carolinas, P.C.

O. Del Curling, Jr., MD, MBA

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Referral Request Form

(revised 1-1-2026)

(Note that this form is only for referral of non-medicolegal cases; if you wish to refer a worker's comp, personal injury, or other medicolegal case, please contact our office or check our website to obtain the proper form)

***Note that all new referrals are seen by Dr. Curling for consultation only, with no guarantee of continued treatment or initiation of pain management efforts. After the initial consultation, if Dr. Curling feels that he may be able to contribute to the individual's care by providing further evaluation and/or treatment efforts, then further follow up will be offered.**

***As a general rule, no prescriptions for scheduled medications will be provided at the time of the initial appointment; therefore, if you are presently prescribing for your patient, you should anticipate continuing to provide medications as you deem appropriate until you receive notice from our office that we are assuming responsibility for prescribing of analgesic or other medications appropriate to the condition being evaluated.**

Patient Information:

Name: _____

Address: _____

_____

Phone (home): _____ Phone (mobile): _____

Email address: _____

SSN: _____ Birthdate: _____

Employer: _____

Problem (reason for referral): _____

_____

_____

Referral Source:

Provider Name: _____ MD/PA/NP

Provider's NPI number: _____

Practice Name: _____

Provider Address: _____

_____

Provider Phone: _____ Provider Fax: _____

Provider email address: _____

Contact person in provider's office for scheduling issues: _____

Contact person's email address: _____

Contact person's direct phone or extension: _____

Patient's Insurance Info (this need only be completed if a legible copy of insurance card is not attached). ***Note that Dr. Curling does not participate or file any insurance other than active worker's comp claims, though a claim can be provided to the patient to file with his/her insurance if desired*:**

Primary Insurance Company: _____

Primary ID number: _____

Specialist copay: _____

Secondary Insurance Company: _____

Secondary ID number: _____

This form should be faxed to 336/450-1001 or preferably emailed to JanC@NPSofC.com *along with the following information:*

- Legible copy of front and back of patient's insurance card(s)
- Copy of appropriate/pertinent provider records, including date of last visit and any records documenting reason for referral
- List of patient medications, if not included in office visit reports
- Any records documenting prior pain management efforts, including documentation of discharge from another pain management facility, if available
- Copy of any radiographic reports related to the reason for referral (i.e., spine X-ray or MRI reports, etc.)

Once this information has been received, you will receive notification from our office when an appointment has been scheduled with the patient. You will receive further notification that the patient has been seen for evaluation via copy of Dr. Curling's consultation report following the visit. If you have not received notification of an appointment date within 10 business days after making the referral, please feel free to follow up with us regarding the status (email is generally the most efficient method of contact).

Thank you for this referral!