

Referral Form

Referral Fax 919.443.1109 Referral Email IPSreferrals@ips.md Call Center 910.687.4888

Please check the
service needed
Pain Management
Suboxone
Psychiatric

Reducing Pain, Improving Function-

Today's Date	Patient Information	
Patient Name	Patient's Gender M F Other	
Patient's DOB / /	Patient's Telephone #	_
Patient's Mailing Address		
Social Security Number		
Is the patient currently enrolled in a p	pain clinic? Yes No If Yes - Where?	
	es from the patient's last office visit and imaging reports. ont and back of the patient's insurance card in your fax or	email.
What are the patient's diagnoses for	the referral?	
Patient Insurance Carrier:		
	Referring Office Information	
Provider Name	Provider NPI#	
lame of Referring Office	Office Phone #	
Office Fax#	Office / Provider Email	
Comments:		

Thank you for your referral. If you have any questions please call (910) 687-4888.

Our Websites

·IPS.md

·Ritualx.com

Our Services

Pain

Mental Health

CBD products

INSURANCE WE ACCEPT

















IPS is in-network with over 65 national and local payers. Please call to learn more.

CLINIC LOCATIONS

Asheboro Clinic

610 North Fayetteville Street Suite 106 Asheboro, NC 27203

Southern Pines Clinic

695 S. Bennett Street Southern Pines, NC 28387 **Laurinburg 704 Clinic**

704 A Progress Place Laurinburg, NC 28352

Laurinburg 515 Clinic

515 Lauchwood Drive Laurinburg, NC 28352

Fayetteville Clinic

2149 Valleygate Drive Suite 201 Fayetteville, NC 28304

Rockingham Clinic

921 East Broad Avenue Rockingham, NC 28379 **Jacksonville Clinic**

3145 Henderson Drive Jacksonville, NC 28546

Wilmington Clinic

2909 Market Street Wilmington, NC 28403

Whiteville Clinic

800 Jefferson St., Suite 102 Whiteville, NC 28472

CONTACT INFORMATION

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