

PHONE: 304-598-6345 / FAX: 304-598-6346 1 Medical Center Drive, PO Box 8258
Morgantown, WV 26506

Date of Referral: ____/____/____ Date of Injury: ____/____/____

Requesting Physician: _____	Contact Name: _____
Phone #: _____	Fax #: _____
Address: _____	

PATIENT INFORMATION

Name: (Last) _____ (First) _____ (MI) _____

DOB: ____/____/____ Social Security #: _____

Patient's Medical Record Number: _____

Address: _____

Home #: _____ Cell #: _____ Work #: _____

INSURANCE INFORMATION

Insurance Co. Name: _____

Policy ID #: _____ Subscriber's Name: _____

Worker's Compensation: WV PA MD OH OTHER DOI: ____/____/____ Claim #: _____

MEDICAL INFORMATION / REFERRAL

Is the Patient an Athlete? ☐ Yes ☐ NoClearance Required to Return to Work/Sports: ☐ Yes ☐ NoReferral: ☐ Neuropsych EPIC: 210440006
☐ Concussion Clinic EPIC: 2100002749

NEUROPSYCH

Nathan Ernst, PsyD

NEUROLOGY

Michael Ebbert, DO

SPORTS MEDICINE

Brenden Balcik, MD
Nicholas Chill, MD
Stephanie Ferimer, MD
Justin Lockrem, MDAaron Monseau, MD, FACEP
Benjamin Moorehead, MD
Mary Louise Russell, MD