

Referral

FAX: 304-598-2602

PHONE: **304-598-6216**

1075 Van Voorhis Road, Suites 150 & 200 Morgantown, WV 26505

Suite 150 owned and operated by WVU Hospitals. Suite 200 owned and operated by University Health Associates.

IMPORTANT NOTES

Fill in patient signs / symptoms and diagnosis.

CENTER FOR INTEGRATIVE PAIN MANAGEMENT

- Include MRI or CT results, demographics, insurance authorization number (if required), and all other necessary medical documents.
- **//** WVU Medicine Center for Integrative Pain Management will not assume patient's narcotic management.
- Please sign below.

REFERRING / REQUESTING OFFICE INFORMATION

Request Date: / Physician Name:	
Address:	
Phone #: Fax #:	
PATIENT DEMOGRAPHICS	
Name:	DOB:/
Address:	State, Zip:
SSN #: Phone #:	MRI / CT Scan Date: //
Signs/Symptoms:	
Diagnosis:	
PATIENT INSURANCE INFORMATION Please check if: NO INSURANCE	
Insurance Company: PRIMARY	—
Type: HMO / PPO Authorization #:	Dates:
Workers Compensation: WV / PA / OH / MD	OTHER
Case Manager:	Phone #:
Claim #: DOI:	ICD-9 #:
Authorization #: Comp Referring Physician:	

Signature of requesting provider / office staff:

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