

PHYSICIAN BY SPECIALTY

Neurosurgery

- ☐ 1st available
☐ Ronald Hargraves, MD
☐ David B. Cohen, MD

Pain Management

- ☐ Jonathan Pratt, MD

Date of Referral: ____/____/____

Requesting Physician: _____ Contact Person: _____

Phone #: _____ Fax #: _____

Address: _____

Reason for Referral: _____

PATIENT INFORMATION

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

DOB: ____/____/____ Social Security #: _____ **MALE** **FEMALE**

Address: _____

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

PATIENT DOCUMENTS

- ☐ **WVHIN** ☐ **EPIC**

If documents are not located in WVHIN or EPIC, fax or mail the following:

- ☐ **Imaging (must be within 6 months for Neurosurgery and 12 months for Pain Clinic)**
☐ **Office notes specific to the referral diagnosis**
☐ **Surgery reports**
☐ **Copy of insurance card**
☐ **Workers' Compensation claim information if applicable**

NARCOTICS: We do NOT see patients for the purpose of writing narcotic prescriptions.
Please be advised that this office is unable to accept patients who have broken a narcotic agreement.