WVU Medicine

Spine Center Consultation

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

Date of Referral: ______/______/______

Requesting Physician: ______________________ Contact Name: ______________________

Phone #: ______________________ Fax #: ______________________

Address: ____

PATIENT INFORMATION

Name: (Last) ______________________ (First) ______________________ (MI) ______

Gender: **M** **F** DOB: ______/______/______ Social Security #: ______________________

Address: ____

Home #: ______________ Cell #: ______________ Work #: ______________

If applicable: WVUH MR #: ______________ UHC MR #: ______________

INSURANCE INFORMATION

Compensation and Insurance: *Obtain pre-cert/auth. prior to sending consultation request.*

Insurance Co. Name: ______________ Insurance ID #: ______________ **HMO** or **PPO**?

Company Phone #: ______________ Subscriber Name: ______________ DOB: ____/____/____
IF NOT PATIENT IF NOT PATIENT

Managed Care: Authorization #: ______________ Referral/Auth. Expiration: ______/______/______

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

Case Manager: ______________________ Phone #: ______________________

Authorization #: ______________________ Date(s): ______________________

MEDICAL INFORMATION / REFERRAL

Consultation Requested: ☐ Non-Surgical Review **(When in doubt, this is where to start.)** ☐ Surgical Review

Diagnosis / Symptoms: ____

Spine Specialty and Specialist Requested: (Please circle a specialty and, if known, preferred provider.)

NEUROSURGERY

Nicholas Brandmeir, MD, MS
Sanjay Bhatia, MD
David Cohen, MD
Robert Marsh, MD, PhD
Cara Sedney, MD
Joseph L. Voelker, MD

ORTHOPAEDICS

Shari Cui, MD
Scott Daffner, MD
Sanford Emery, MD, MBA
John France, MD

PAIN CLINIC

Jonathan Pratt, MD
Richard Vaglienti, MD

PHYSICAL MEDICINE & REHAB

Karen Barr, MD
Bethany Honce, MD

Note: We will do our best to honor your request for a specific provider, but, in some cases, this may cause delay in access. After review of studies and clinical documentation, we may schedule alternate triage for your patient to provide the most appropriate and timely evaluation. We will do our best to keep you informed. **Pertinent documentation** should be faxed with this form including, when possible: imaging reports, MRI or CT results, operative and injection reports related to the evaluation, injection studies, medications, allergies, and all other necessary medical documents.