

NEW PATIENT REFERRAL FORM

General Referral for Spine Center

Physician by Specialty:

Neurosurgery

- 1st Available
 Bill Underwood, M.D., Ph.D.
 Richard Douglas, M.D.

Pain (Interventional)

- 1st Available
 Corinne Stuart, D.O.
 Koshy Mathai, M.D.

Physical Medicine & Rehab (Physiatry)

- Russell Biundo, M.D.

Please complete this form in its entirety and provide us with the following:

1. Patient's MRI, CT Scan, and X-Rays pertinent to the reason for the consult (must be within last 12 months)
2. All Office Notes & Surgery Reports pertinent to the reason for the consult
3. Authorization/Pre-certification as required by insurance prior to sending the consultation request
4. Copy of the Patient's insurance Cards

Date: _____ Requesting Physician: _____

Physician Address: _____

Phone: _____ Fax: _____

Patient Name: _____ DOB: _____ SSN: _____

Patient Address: _____

City _____ State _____ Zip _____ Male Female

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

REASON FOR CONSULT: _____

Onset Date: _____ Previous Treatments for Condition: _____

Insurance: _____ Authorization #: _____

Is this condition the result of an accident? YES NO If yes, is the injury due to Work Auto

Date of Injury: _____

WORKER'S COMPENSATION

Claim #: _____ Claims Adjuster Name: _____

Authorization #: _____ Phone: _____ Fax: _____

Diagnosis: _____ Approved Diagnosis Code: _____

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.