WVUMedicine

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: ☐ ☐ 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: ☐ ☐ ☐ ☐ ____ 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

Sanjay Bhatia, MD
Jeremy Lewis, MD
Robert Marsh, MD, PhD
Cara Sedney, MD
Joseph L. Voelker, MD

ORTHOPAEDICS

Scott Daffner, MD
John France, MD
Felicity Fisk, MD
Jonathan Karnes, MD

PAIN CLINIC

Corine Layne-Stuart, MD
Jonathan Pratt, MD
Richard Vaglienti, MD

PHYSICAL MEDICINE & REHAB

John Alm, DO
Bethany Honce, MD
David Lynch, 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.