***Referring office form:***

***Fax to 801-314-2345 (The Spine Institute)***

Referring Provider and Clinic Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring provider NPI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Referred to:*** *Please specify which provider you are referring your patient to (Circle one)*

Terry Sawchuk, M.D. (Conservative Spine care)

Junius Clawson, M.D. (Orthopedic Spine surgery)

Justin Hohl, M.D. (Orthopedic Spine surgery)

Michael Steinhaus, M.D. (Orthopedic Spine surgery)

Name of patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_

Patient phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate phone:(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient active Health Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subscriber #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscriber Name and DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach patient’s demographic sheet. Pre-authorization must be obtained from Health Plan if required for referral.

Reason for referral: Neck pain: \_\_\_\_\_\_\_\_\_ Low back pain: \_\_\_\_\_\_\_\_\_ Thoracic pain: \_\_\_\_\_\_\_\_

Does this patient need a consult for surgery? Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

Please include all clinic notes relating to Spine condition along with any imaging reports related to Spine.