

PATIENT REFERRAL FORM

Date: _____

_____ Schedule Next Available
_____ Schedule Emergently

_____ Pediatric Patient
_____ Adult Patient

PLEASE FAX COMPLETED FORM TO 863.688.4430

NOTE: please remind patients to bring hard copies of any pre-existing relevant imaging studies and reports (i.e. X-Rays, MRI, CT). It is not necessary to delay patient's appointment scheduling in order to obtain new imaging studies.

REFERRING PROVIDER'S INFORMATION

Referring Physician/Provider Name: _____
Phone: _____ Fax: _____

PATIENT'S INFORMATION

Patient Name: _____ D.O.B: _____
Phone #: (____) _____ Patient's Alternative #: (____) _____
Insurance Type (i.e. Medicare/Allstate/BCBS): _____

What type of Symptoms does this patient have?

_____ Neck pain, headaches, and/or pain radiating to arm(s), shoulder(s), or upper back
_____ Mid-thoracic pain with or without radiation around chest wall
_____ Low back pain with or without radiation to leg(s), or hip(s)
_____ Structural spinal deformity e.g. scoliosis or kyphosis
_____ Spinal/Vertebral tumor or Metastatic Cancer to the Spine
_____ Spinal or Vertebral Compression Fractures
_____ Auto Accident
_____ Other: _____

Please indicate if ANY of the following BELOW are applicable

❖	Impairment of Bladder/Bowel Function	YES	NO
❖	Saddle Anesthesia	YES	NO
❖	Gait Disturbance	YES	NO
❖	Supine/Night Pain	YES	NO
❖	Weight Loss	YES	NO
❖	Acute Onset of Severe or Intractable Radiculopathy	YES	NO
❖	Progressive or New Onset Extremity Weakness	YES	NO
❖	Severe Limitations (Example in Lumbar Flexion)	YES	NO

**IF THE ANSWER IS YES TO ANY OF THE ABOVE,
PLEASE REQUEST EMERGENCY SCHEDULING.**

Excellence in Minimally Invasive Spine Surgery

*We are Experts in ALL
Non-Surgical and Surgical
Treatments of Neck, Back Pain
and ALL Spinal Disorders*

- Herniated Discs
- Lumbar Stenosis
- Complex Reconstructive Spine Surgery
- Pediatric Scoliosis
- Adult Scoliosis
- Cervical/Thoracic/Lumbar/Sacral Spine Disorders
- Degenerative Spine Disorders
- Spinal Cord Stimulators
- Failed Prior Spine Surgery
- Total Disc Replacements
- Spinal Surgical Oncology
- Radiofrequency Tumor Ablation
- Interventional Pain Management
- Neurodiagnostic Spinal Injections
- Epidural Injections
- Spinal Cord Trauma and Unstable Spinal Fractures
- Vertebral Compression Fractures
- Kyphoplasty/Vertebroplasty
- Innovative/Specialized Spinal Rehabilitation Programs
- Auto Accidents

MRI and Advanced Imaging are **NOT Required** Prior to Referrals

*Expedited Patient Scheduling.
New patients can ALWAYS be seen within 2-3 weeks. Much sooner (within 24 hours) for Spinal Fractures, Trauma, Emergencies, Injuries or Urgent Consultations.*

*Exceptional Spine Care Always
Second Best is NOT an Option
When it Comes to Your
Patient's Spine Needs*

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