erlanger
Neurosurgery and Spine

979 E. 3rd Street, Suite C-920 Chattanooga, TN 37403
**Phone:** (423) 778-2233 - **Fax:** (423) 756-8265
**Referral Fax Line:** (423) 321-1115

# New Patient Referral Form

**Today's Date:** _____

**Select a Doctor to see patient:**

| | |
|---|---|
| □ 1st Available Provider | □ STAT / WITHIN 48 hrs |
| □ Peter Boehm, Jr., MD | □ Joseph Miller, MD |
| □ Michael Gallagher, MD | □ Prayash Patel, MD |
| □ Daniel Kueter, MD | □ David Wallace, MD |

(Please Circle) MD / DO / DC / NP / PA

**Referring Provider:** _____ NPI: _____

Address: _____

Contact Name: _____ Phone: _____ Fax: _____

(Please Circle) MD / DO / DC / NP / PA

**PCP:** _____ Phone: _____

Address: _____

**Patient Name:** First: _____ Mi: _____ Last: _____

DOB: _____ SS# _____-(must complete to schedule)

Address: _____

Home Phone: _____ Cell Phone: _____

**Insurance:**

Name: _____ Is Insurance Authorization Needed? Yes □ No □

ID # _____ Auth #_____

Policyholder Name: _____ DOB: _____

**ICD10 DX:**

primary Code: _____ Description: _____

2nd Code: _____ Description: _____

Please FAX Relevant Reports: MRI CT X-Ray EMG NCS Labs Office Notes Insurance Cards
**Request to have patient's imaging be Pushed to Erlanger Sectra Imaging System or Powershare**
If not able to push, then patient will need to bring CD of imaging studies.

**Patient History:**

Yes □ No □ Had Imaging? Facility: _____ Date: _____

Yes □ No □ Previous brain or spine surgery? By Dr.:_____ Date: _____

Yes □ No □ Currently in pain management? By Dr.:_____

Yes □ No □ Accident? □ Auto Accident □ Workers Comp □ Personal Accident / Third Party

*** We will contact your patient to schedule appointment.**

Office use only: □ ofc faxed □ ins auth □ new pt pw □ scanned □ pacs □ appt msg