erlanger
Neurosurgery and Spine

979 E. 3rd Street, Suite C-920 ● Chattanooga, TN 37403
Ph: (423) 265-2233 **Referral Fax:** (423) 321-1115
Fax: (423) 756-8265

New Patient Referral Form

Today's Date

_____

Select a Doctor to see patient:

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

Physical Medicine & Rehab
Interventional Spine
- □ Paul Hoffmann, MD

Referring Provider: (Please Circle) MD / DO / DC / NP / PA _____ NPI: _____

Address: _____

Contact Name: _____ Phone: _____ Fax: _____

PCP: (Please Circle) MD / DO / DC / NP / PA _____ Phone: _____

Address: _____

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

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

Address: _____

Home Phone: _____ Cell Phone: _____

Insurance:

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

ID # _____ Auth #_____

Policyholder Name: _____ DOB: _____

ICD10 DX Code &Description:

_____

_____

Please FAX all Relevant reports:
MRI X-Ray EMG NCS Labs Office Notes Ins Cards

Please have all images Pushed to Erlanger PACS System.

If not able, then patient will need to bring CD or actual films of imaging studies.

Patient Info:

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