



# SPINE CARE REFERRAL

Spine Referral Line (651) 968-5201, Option #3  
Fax (651) 968-5903

**Eagan**  
2620 Eagan Woods Dr  
Eagan, MN 55121

**Plymouth**  
15700 37th Ave N, Suite 150  
Plymouth, MN 55446

**Vadnais Heights**  
3580 Arcade St  
Vadnais Heights, MN 55127

**Woodlake Center**  
2090 Woodwinds Dr  
Woodbury, MN 55125

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Insurance: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Injury/Surgery: \_\_\_\_\_ Patient is aware of diagnosis and prognosis? ☐ Yes ☐ No

Treatment Diagnosis: \_\_\_\_\_

Contraindications/Precautions: \_\_\_\_\_

*Nonsurgical spine specialists alongside spine surgeons provides a multidisciplinary approach to back & neck pain.*

## PROVIDER INFORMATION

Date: \_\_\_\_\_ Referring Provider Name: \_\_\_\_\_

Referring Provider Signature: \_\_\_\_\_ UPIN# or NPI#: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## SPINE CONSULT

### Medical:

☐ John Dowdle, MD

### Surgical:

- ☐ Bryan Lynn, MD
- ☐ Jeffrey Pinto, MD
- ☐ Richard Salib, MD
- ☐ Edward Santos, MD
- ☐ David Strothman, MD
- ☐ Nicholas Wills, MD

### Interventional/Medical:

- ☐ Catherine Choi, MD
- ☐ Andrew Clary, DO
- ☐ Joseph Cuniff, DO
- ☐ Erik Ekstrom, MD
- ☐ Pooja Mundrati, DO
- ☐ Steven Sabers, MD
- ☐ David Spight, DO
- ☐ Steven Stulc, DO

**Urgency:** ☐ 24 hours ☐ 2-4 days ☐ 1-2 weeks ☐ Next Avail.

## SPINE-SPECIALIZED PHYSICAL THERAPY

☐ Evaluate and Treat ☐ Additional Requests

## EMG

☐ Right ☐ Left ☐ Arm ☐ Leg ☐ Bilateral

Evaluation for \_\_\_\_\_

## INTERVENTIONAL PAIN MANAGEMENT

☐ Clinic Evaluation

☐ Injection

☐ Right

☐ Left

☐ Bilateral

☐ Cervical

☐ Thoracic

☐ Lumbar

☐ Epidural Steroid Injection

☐ Level(s) \_\_\_\_\_

☐ Facet Injection

☐ Level(s) \_\_\_\_\_

☐ Sacroiliac Injection

☐ Sympathetic Block

☐ Stellate

☐ Lumbar

☐ Trigger Points

☐ Site(s) \_\_\_\_\_

☐ Other

**Patients:** Please contact your insurance carrier for preauthorization of spine-specialized therapy prior to scheduling an appointment.

Remember to bring this prescription and your medical and imaging records with you to your first appointment.

## EVALUATE & TREAT

☐ NEW ORDER/PLAN OF CARE

☐ UPDATED PLAN OF CARE

☐ Frequency and Duration determined by patient progress and therapist discretion—up to \_\_\_\_\_

☐ Visits: Frequency/Duration 1 2 3 4 5 x/week for \_\_\_\_\_ weeks—up to \_\_\_\_\_ visits