

## SPINE CARE REFERRAL

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

Data of Injury/Surgar	Insurance:		DOB:
Date of Injury/Surger	y:	Patient is aware	of diagnosis and prognosis? $\ \Box$ Yes $\ \Box$ N
reatment Diagnosis:			
Contraindications/Pre	ecautions:		
Patient is in need of a	n interpreter? ☐ Yes ☐	No <b>If yes, please s</b>	pecify language:
Nonsu PROVIDER INFORMATION		e surgeons provides a multidisci <sub>l</sub>	iplinary approach to back & neck pain.
		umo:	
Referring Provider Signature:			
			il:
PINE CONSULT		II	NTERVENTIONAL PAIN MANAGEMENT
·			☐ Clinic Evaluation ☐ Injection ☐ Right ☐ Left ☐ Bilateral ☐ Cervical ☐ Thoracic ☐ Lumbar ☐ Epidural Steroid Injection
Jrgency: □ 24 hours	□ 2–4 days □ 1–2 weeks □	Next Avail.	☐ Level(s)
PINE-SPECIALIZED PHYSICAL		Г	☐ Level(s)
-	□ Additional Requests		☐ Sympathetic Block ☐ Stellate ☐ Lumbar ☐ Trigger Points ☐ Site(s)
	e contact your insurance carrier for pre ember to bring this prescription and y		ed therapy prior to scheduling an appointment. Is with you to your first appointment.

☐ 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