

WEST VIRGINIA ORTHO NEURO

Neuro/Spine Location

3-STEP REFERRAL PROCESS:

- 1) Complete this referral form
 - 2) Fax the form, radiology/testing reports, doctor's notes and insurance card to **(304) 343-0979**
 - 3) We will notify the patient and your office with appointment date and time.
- (or)
- For urgent appointment needs, call our appointments department at **(304) 720-2284** or our main line at **(304) 344-3551**

Requesting: Emergency work-in or Next available
 Charleston Office Teays Valley Office

Dr. Christiano Dr. Crow Dr. Harman Dr. Orphanos Dr. Schmidt Dr. Walker
All of our physicians perform spine surgery

▶ PATIENT INFORMATION

Email Address: _____

First Name: _____ M.I. _____ Last Name: _____

Male/Female DOB: ____/____/____ SSN#: _____ - _____ - _____ Marital Status: **S M Other**

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cellular/Pager: _____

▶ CONSULTATION INFORMATION

Requesting Physician's Name: _____ Date of Last Visit: _____

Physician Phone #: _____ Fax #: _____ Contact Person: _____

Reason for Consult: _____

▶ TESTING: (Please remind patient to bring radiology films or a CD containing films to their appointment.)

MRI - Date Completed: _____ CT Scan - Date Completed: _____

EMG/NCS - Date Completed: _____ X-ray - Date Completed: _____

Other Testing: _____ NONE

▶ Has patient had **PREVIOUS NEUROSURGERY, SPINE, DISC OR BRAIN SURGERY?**

(If yes): When? _____ By Whom? _____ (Please include prior surgery notes.)

▶ INSURANCE INFORMATION (Please, fax a copy of the patients insurance card(s).)

Insurance: _____ or Self pay: _____

Is the patient in a Managed Care Plan? ____ Yes ____ No Name of PCP on Card: _____

Authorization #: _____ Number of Visits: _____

▶ **WV Workman's Compensation:**

WC Claim ID #: _____ Case Manager: _____

DOI (COMP): _____ Authorization #: _____ (Please send copy)

MVA and Litigation Cases

Insurance Co./Attorney's Name: _____ Date of Accident(Auto/Other): _____

Thank you for your referral, we look forward to providing quality care to your patient.