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:

Is Insurance Authorization Needed? Yes □ No □

Name: ______________________________

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 PACS System.

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

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