



# UT ERLANGER NEUROSURGERY GROUP

1010 E. Third Street, Suite 202 • Chattanooga, TN 37403  
Ph: (423) 265-2233 Referral Fax: (423) 321-1115 Fax: (423) 756-8265

## New Patient Referral Form

Date: \_\_\_\_\_

Select a Doctor to see patient:

|  |  |  |
|--|--|--|
| <u>Neurological &amp; Spine Surgeons</u>       |  | <u>Physical Medicine &amp; Rehab</u>                 |
| <input type="checkbox"/> 1st Available         | <input type="checkbox"/> Daniel Kueter, MD | <input type="checkbox"/> <u>Interventional Spine</u> |
| <input type="checkbox"/> Peter Boehm, Jr., MD  | <input type="checkbox"/> Joseph Miller, MD | <input type="checkbox"/> Paul Hoffmann, MD           |
| <input type="checkbox"/> Michael Gallagher, MD | <input type="checkbox"/> Prayash Patel, 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:** Name: \_\_\_\_\_ ID # \_\_\_\_\_ Policyholder Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Is Ins Authorization Needed? Yes  No

Auth # \_\_\_\_\_

**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.