



UT ERLANGER NEUROSURGERY & SPINE

1010 E. 3rd Street, Suite 202 • Chattanooga, TN 37403

Ph: (423) 265-2233 Referral Fax: (423) 321-1115 Fax: (423) 756-8265

New Patient Referral Form

Today's Date

Select a Doctor to see patient:

Neurological & Spine Surgeons

- 1st Available Provider
- Peter Boehm, Jr., MD
- Michael Gallagher, MD
- Daniel Kueter, MD
- STAT / WITHIN 48 hrs
- Joseph Miller, MD
- Prayash Patel, MD
- David Wallace, MD

Physical Medicine & Rehab

- Interventional Spine
- Paul Hoffmann, 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.

Office use only: ofc faxed ins auth new pt pw scanned pacs appt msg

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