iSPINE CLINICS

REFERRAL FORM

Schedule by calling or faxing:
Phone: 763-201-8191 | Fax: 952-303-4027

Patient Name (as shown on insurance card)			Primary Phone
Patient DOB	❍ Male ❍ Female	❍ Interpreter Language _____	Ins. Auth. # _____ Phone _____
Insurance		Insurance ID #	Group #
☐ Auto ☐ Workers' Comp ☐ Commercial/Private		Date of Injury	Attorney Name/Claim #

(REQUIRED) Written diagnosis/reason/symptom for exam(s). Must include **specific** indications (such as location, context and severity) to support medical necessity for each test.

Area of Body	Level_____	❍ Cervical ❍ Thoracic ❍ Lumbar	❍ R ❍ L ❍ B

Please fax the most recent notes, imaging reports, PT/OT notes and demographics with referral.

PAIN MANAGEMENT

☐ Consultation/Evaluate & Treat:

_____

_____

☐ Epidural Steroid Injection:
❍ Interlaminar ❍ Transforaminal
☐ Selective Nerve Root Block
☐ SI Joint Injection
☐ Facet Joint Injection
☐ Diagnostic Medical Branch Block/Rhizotomy Eval
☐ Vertebroplasty/Kyphoplasty
☐ Piriformis Muscle Injection
☐ Spinal Cord Stimulation Evaluation
☐ Intra-Articular Joint Injection
☐ Peripheral Nerve Block:
❍ Illioguinal/Genitofemoral ❍ Ulnar ❍ Occipital
☐ Bursa Injection: ❍ Greater Trochanter ❍ Subdeltoid ❍ Ischial
☐ Sympathetic Block: ❍ Stellate Ganglion ❍ Lumbar Sympathetic
☐ Other: _____

_____

REHABILITATION MedX PROGRAM

☐ Consultation/Evaluate & Treat:
❍ Low Back
❍ Neck
❍ Neck & Low Back

WORKER REHABILITATION PROGRAM:

☐ Consultation/Evaluate & Treat:
❍ Low Back
❍ Neck
❍ Neck & Low Back
❍ Manage workability

TMJ PROGRAM:

☐ Consultation / Evaluate & Treat

Specific Inst./Precautions: _____

_____

_____

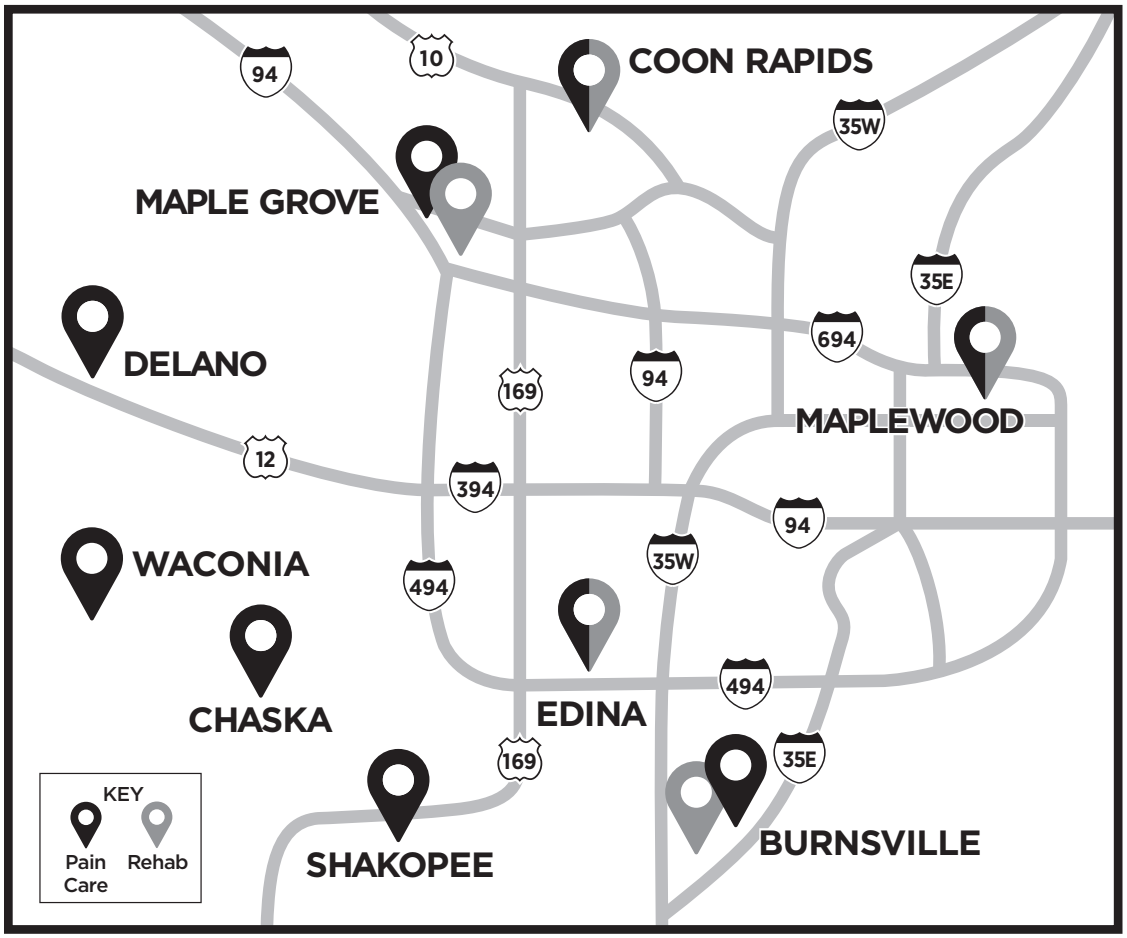
_____

_____

_____

_____

Provider Name (print)	Phone	Fax
Clinic Name		Location (City)
Provider Signature (required)	**NPI# (required)**	Date



iSpine Pain Care & Rehab Locations

BURNSVILLE
12800 County Rd. 42 W

BURNSVILLE
14000 Nicollet Ave. S
Suite 104

CHASKA
Ridgeview Chaska
Medical Plaza
3000 Hundertmark Rd.
Suite 200* & Suite 250

COON RAPIDS
320 Coon Rapids Blvd.

DELANO
Ridgeview Delano Clinic
916 Saint Peter Ave.

EDINA
7700 France Ave. S
Suite 240 & Suite 260

MAPLE GROVE
9645 Grove Circle North
Suite 200 & Suite 250*

MAPLE GROVE
7767 Elm Creek Blvd. N
Suite 160 & Suite 207

MAPLEWOOD
1856 Beam Ave.
Suite 100

SHAKOPEE
St. Francis Regional
Medical Center
1601 St. Francis Ave.
Suite 200

WACONIA
424 State Hwy. 5 W
Waconia, MN 55387

** Ambulatory Surgery Centers*

Hours**

iSpine Pain Care Locations:
Mon-Fri, 8am-5pm

iSpine Rehab Locations:
Mon-Thurs, 7am-7pm
Fri, 7am-4:30pm

***Some clinic hours change seasonally, please call for info*

Appointments: **(763) 201-8191** • Referrals-Only Fax: **(952) 303-4027** • **iSpineClinics.com**