



# SPINE CARE REFERRAL

Spine Referral Line (651) 968-5201, Option #3  
Fax (651) 968-5903

**Eagan**  
2620 Eagan Woods Dr  
Eagan, MN 55121

**Lakeville**  
17210 Kenyon Avenue  
Lakeville, MN 55044

**Plymouth**  
15700 37th Ave N, Suite 150  
Plymouth, MN 55446

**Vadnais Heights**  
3580 Arcade St  
Vadnais Heights, MN 55127

**Woodlake Center**  
2090 Woodwinds Dr  
Woodbury, MN 55125

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Insurance: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Injury/Surgery: \_\_\_\_\_ Patient is aware of diagnosis and prognosis?  Yes  No

Treatment Diagnosis: \_\_\_\_\_

Contraindications/Precautions: \_\_\_\_\_

*Nonsurgical spine specialists alongside spine surgeons provides a multidisciplinary approach to back & neck pain.*

## PROVIDER INFORMATION

Date: \_\_\_\_\_ Referring Provider Name: \_\_\_\_\_

Referring Provider Signature: \_\_\_\_\_ UPIN# or NPI#: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### SPINE CONSULT

#### Surgical:

- Roman Guerrero, M.D.
- Edward Santos, MD
- David Strothman, MD
- Trevor Wahlquist, MD
- Nicholas Wills, MD

#### Interventional/Medical:

- Catherine Choi, M.D.
- Andrew Clary, D.O.
- Erik Ekstrom, M.D.
- Steven Sabers, M.D.
- Jose Santos, M.D.
- David Spight, DO
- Steven Stulc, DO

**Urgency:**  24 hours  2-4 days  1-2 weeks  Next Avail.

### SPINE-SPECIALIZED PHYSICAL THERAPY

Evaluate and Treat  Additional Requests

### EMG

Right  Left  Arm  Leg  Bilateral

Evaluation for \_\_\_\_\_

### INTERVENTIONAL PAIN MANAGEMENT

- Clinic Evaluation
- Injection
  - Right
  - Left
  - Bilateral
  - Cervical
  - Thoracic
  - Lumbar
- Epidural Steroid Injection
  - Level(s) \_\_\_\_\_
- Facet Injection
  - Level(s) \_\_\_\_\_
- Sacroiliac Injection
- Sympathetic Block
  - Stellate
  - Lumbar
- Trigger Points
  - Site(s) \_\_\_\_\_
- Other

*Patients: Please contact your insurance carrier for preauthorization of spine-specialized therapy prior to scheduling an appointment.  
Remember to bring this prescription and your medical and imaging records with you to your first appointment.*

## EVALUATE & TREAT

NEW ORDER/PLAN OF CARE

UPDATED PLAN OF CARE

Frequency and Duration determined by patient progress and therapist discretion—up to \_\_\_\_\_

Visits: Frequency/Duration 1 2 3 4 5 x/week for \_\_\_\_\_ weeks—up to \_\_\_\_\_ visits