Phillip Kravetz, MD—Minimally Invasive Spine Surgeon
1300 Bridge Creek Drive NE, Suite B
Cullman, AL 35055
(256) 735-5560 **FAX: (256) 801-7364**

SPINE SURGEON REFERRAL FORM

Patient's Name: ______________________________

DOB: ____________ Phone#: ____________________ Cell#: ____________________

Height: ____________________ Weight: ____________________

Address: ______________________________

Insurance Carrier: ______________________________

Policy #: ______________________________

Referral authorization # if required ______________________________

Please include clinical documentation such as imaging, lab work, clinic notes, if available.

Completed Tests (CIRCLE ONE)

X-ray | NCS / EMG
MRI | Bone Density
CT / Myelogram

DIAGNOSIS / INDICATIONS

Cervical Pain	Radiculopathy	Stenosis
Thoracic Pain	Numbness	Disc Herniation
Lumbar Pain	Paresthia	DDD
Work- Related Injury	Motor Vehicle Accident	

Other: ____________________ Allergies: ____________________

ORDERING PROVIDER

Physician: ______________________________

Phone #: ____________________ Fax #: ____________________

Physician Signature: ______________________________

Appointment Date/Time: ____________________ Patient notified on: ____________________

Physician offices will be notified when appointments are scheduled and notification is confirmed for all diagnostic procedures

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