CULLMAN REGIONAL | Medical Group

Phillip Kravetz, MD—Minimally Invasive Spine Surgeon
1948 Alabama Highway 157
Professional Office Building 1, Suite 250
Cullman, AL 35058
(256) 735-5560 **FAX: (256) 801-7364**

SPINE SPECIALIST REFERRAL FORM

Patient Name: _____

DOB: _____ Phone #: _____ Cell #: _____

Height: _____ Weight: _____

Address: _____

Insurance Carrier: _____

Policy #: _____

Referral authorization # if required _____

No workup required to refer a patient but please indicate which tests have already been completed.

COMPLETED TESTS (CIRCLE ONE)

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

DIAGNOSIS / INDICATIONS

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

Other: _____ Allergies: _____

ORDERING PROVIDER

Physician: _____

Phone #: _____ Fax #: _____

Provider Signature: _____

Appointment Date/Time: _____ Patient notified on: _____

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

Phone (256) 735-5560 Fax (256) 801-7364