

# Referral Request Form

## Midwest Spine & Brain Institute



- Appointments – Voice: 651-430-3800/ 1-800-353-7720 Fax: 651-259-4585
  - Midwest Spine & Brain Institute will call patient to schedule an appointment.
    - \*\*Please note: If Prior Authorization is required, we will obtain the authorization before scheduling the patient appointment.
    - \*\*Please have patient bring all previous imaging to Midwest Spine appointment.

### Spine Evaluation

Cervical      Thoracic      Lumbar

### Cranial Evaluation

Patient Diagnosis/Symptoms \_\_\_\_\_

### ■ Patient Information

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_  
Patient Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Patient email: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_  
■ Workers Comp?                      Yes      No      Motor Vehicle Accident?                      Yes      No  
■ Date of injury/Accident: \_\_\_\_\_  
Liability Insurance Company: \_\_\_\_\_ Adjuster Name/Phone: \_\_\_\_\_  
Claim # \_\_\_\_\_  
Medical Insurance Company: \_\_\_\_\_ Policy Holder's Name: \_\_\_\_\_  
Group #: \_\_\_\_\_ Insured ID# \_\_\_\_\_

### ■ Providers

(first available provider will be chosen if no specific selection made)

#### Orthopedic Spine Surgeons

Glenn R. Buttermann, MD  
Stefano M. Sinicropi, MD  
Todd E. Jackman, MD

#### Neurosurgeons

David T. Chang, MD  
Meysam A. Kebriaei, MD  
Eduardo J. Perez, MD  
Hart P. Garner, MD  
Eric S. Nussbaum, MD

#### Physician Assistants

Eric S. Salman, PA-C  
Jacob G. Guth, PA-C  
Phillip C. Stewart, PA-C  
Matthew C. Hawkins, PA-C  
Jeff O. Bohlman, PA-C  
Kylee N. Persing, PA-C  
Marland D. Gilbert, PA-C

#### Certified Nurse Practitioner

Alyssa Edwards, MSN, AGNP, RN

### ■ Referring Provider Information

Date of Referral: \_\_\_\_\_ Referring Provider Name: \_\_\_\_\_ Referring Clinic: \_\_\_\_\_  
Referring Provider Fax # for Chart Notes: \_\_\_\_\_ Contact Person/Phone: \_\_\_\_\_  
System:    Allina      Alomere Health      St. Croix Health      Lakewood Health      Hudson  
              HealthPartners      MHealth      Essentia      North Memorial      Other: \_\_\_\_\_

Provider fax number for notification of scheduled appointment: \_\_\_\_\_

MSBI Provider: \_\_\_\_\_ Appt. Date/Time: \_\_\_\_\_ / \_\_\_\_\_ Location: \_\_\_\_\_