Physical Medicine Associates

Referral Form

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| Date: |
| Patient Name: | DOB:  |

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| Referring Diagnosis:  |
| Referring To (if left blank/no preference we will delegate to the most appropriate and next available provider):[ ]  Dr. Jonathan Pedrick [ ]  Dr. Robert Perkins [ ] Dr. Jeffrey Strakowski [ ] Dr. Emily Yu |
| Status: [ ]  Routine [ ]  Urgent |
| Referral Request:[ ]  Consult (codes 99213-99215) [ ]  EMG+NCS (codes 95886, 95907-95912) area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Ultrasound (codes 99213-99215, 76881) area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  US guided injection (codes 76942) area/addtl. comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Additional Provider Comments:  |
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**To aide in expediting the referral process, please Include:**
- Patient Demographics including insurance information
- Office visit notes

- Pertinent/associated diagnostic images and reports
- Specific coding on authorizations (codes our office uses listed above)