Physical Medicine Associates

Referral Form

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| Date: | |
| Patient Name: | Patient 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 (EMG, TBI, therapeutic botox) Dr. Robert Perkins (Spine, Sports Med) Dr. Jeffrey Strakowski (MSK US, US guided injs, EMG) Dr. Emily Yu (Spine) Dr. James Powers (Functional Capacity Evals only) |
| Status:  Routine  Urgent |
| Referral/Order Request:  Consult (codes 99243-99245) Addtl. Info:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EMG+NCS (codes 95886, 95907-95912) area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Functional Capacity Evaluation (codes 97750): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ultrasound (codes 99203-99205, 76881, 76883) **area** (please be as specific as possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  US guided injection (codes 76942, 64450**)** area/addtl. comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Additional Provider Comments: |
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**To aide in expediting the referral process, please Include:**  
- Which provider you prefer (to inquire please reach out to us at either 614-788-6184 or [mwalker@pmaohio.com](mailto:mwalker@pmaohio.com))  
**Order ONLY**, no consult (valid for EMGs): – please send “attn: Dr. Pedrick” – will be scheduled within one week’s time, urgent status will be scheduled next-business day (excluding Mondays).

**Consult + Order** (Dr. Strakowski requires a consult done with the procedure):

- Patient Demographics, including insurance information  
- Office visit notes, including any pertinent diagnostic results and reports  
- Specific coding on authorizations (codes our office uses listed above)