Referral Form
Referrals can be sent via fax, email and Epic:
Fax: 614-956-7011
Email: referrals@pssmohio.com
Ohio Health: we CAN see referrals in Epic

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

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| Referring Diagnosis:  |
| Referring To:[ ]  Dr. Robert Perkins (EMG/NCS, Medical Marijuana, MSK/sports injuries, Trigger Point Injections, Spine care – incl. non-surgical procedures such as epidural injections, RFAs and SCS trials)[ ]  Dr. James Powers (Functional Capacity Evaluations only) |
| Status: [ ]  Routine (scheduled within 1-2 weeks) [ ]  Urgent (scheduled asap and will work in prn) |
| Referral/Order Request:[ ]  Consult (codes 99203-99205) Addtl. Info:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  EMG+NCS (codes 95886, 95907-95912) please specify area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Functional Capacity Evaluation (codes 97750): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**To aide in expediting the referral process, please Include:**

- Patient Demographics, including insurance information
- Office visit notes (not required for EMG orders), including any pertinent diagnostic results and reports
- Specific coding on authorizations (codes our office uses listed above)