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

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

|  |
| --- |
| 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)