Referral Form  
Referrals can be sent via fax, email and Epic   
(Epic - OhioHealth & Mount Carmel Specific)  
Fax: 614-956-7011   
Email: [referrals@pssmohio.com](mailto:referrals@pssmohio.com)

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

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| Referring Diagnosis: |
| PSSM Services:  EMG/NCS – orders-only are ok, Medical Marijuana, MSK/sports injuries and joint injections,  Trigger Point, Spine Care/Injections – incl. non-surgical procedures such as epidural injections, RFAs and SCS trials as well as Workers Compensation injuries for neck, spine, joint, DME – Aspen back braces |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Medical Marijuana – we will see pt for initial Consult to assess: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Workers Comp Consult (pls include approved C9) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Durable Medical Equipment (Aspen products): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

- Patient Demographics, including insurance information (scan of card is ideal)  
- 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)