



# REFERRAL FORM

Schedule by calling or faxing:

Phone: 763-201-8191 | Fax: 952-303-4027

Patient Name (as shown on insurance card)			Primary Phone		
Patient DOB	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Interpreter Language _____	Ins. Auth. # _____		Phone _____
Insurance		Insurance ID #		Group #	
<input type="checkbox"/> Auto <input type="checkbox"/> Workers' Comp <input type="checkbox"/> Commercial/Private		Date of Injury	Attorney Name/Claim #		
<b>(REQUIRED) Written diagnosis/reason/symptom for exam(s).</b> Must include <b>specific</b> indications (such as location, context and severity) to support medical necessity for each test.					
Area of Body		Level _____	<input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar	<input type="radio"/> R <input type="radio"/> L <input type="radio"/> B	

**Please fax the most recent notes, imaging reports, PT/OT notes and demographics with referral.**

**PAIN MANAGEMENT**

Consultation/Evaluate & Treat:

\_\_\_\_\_

Epidural Steroid Injection:

Interlaminar    Transforaminal

Selective Nerve Root Block

SI Joint Injection

Facet Joint Injection

Diagnostic Medical Branch Block/Rhizotomy Eval

Vertebroplasty/Kyphoplasty

Piriformis Muscle Injection

Spinal Cord Stimulation Evaluation

Intra-Articular Joint Injection

Peripheral Nerve Block:

Iliioinguinal/Genitofemoral    Ulnar    Occipital

Bursa Injection:    Greater Trochanter    Subdeltoid    Ischial

Sympathetic Block:    Stellate Ganglion    Lumbar Sympathetic

Other: \_\_\_\_\_

\_\_\_\_\_

**REHABILITATION MedX PROGRAM**

Consultation/Evaluate & Treat:

Low Back

Neck

Neck & Low Back

**WORKER REHABILITATION PROGRAM:**

Consultation/Evaluate & Treat:

Low Back

Neck

Neck & Low Back

Manage workability

**TMJ PROGRAM:**

Consultation / Evaluate & Treat

Specific Inst./Precautions: \_\_\_\_\_

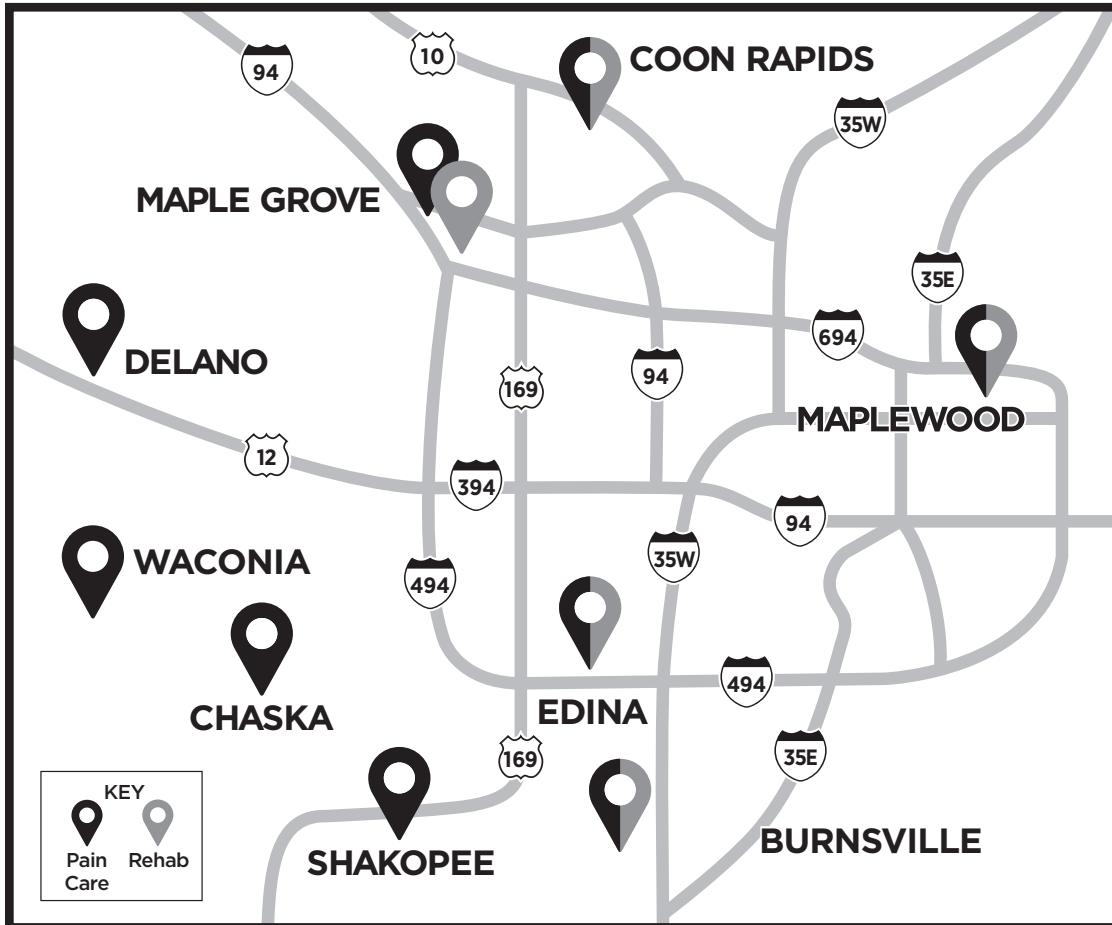
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Provider Name (print)	Phone	Fax
Clinic Name	Location (City)	
<b>Provider Signature (required)</b>	<b>NPI# (required)</b>	Date



## iSpine Pain Care & Rehab Locations

### **BURNSVILLE** 📍📍

12800 County Rd. 42 W

### **CHASKA** 📍

Ridgeview Chaska  
Medical Plaza  
3000 Hundertmark Rd.  
Suite 200\* & Suite 250

### **COON RAPIDS** 📍📍

320 Coon Rapids Blvd.

### **DELANO** 📍

Ridgeview Delano Clinic  
916 Saint Peter Ave.

### **EDINA** 📍📍

7700 France Ave. S  
Suite 240 & Suite 260

### **MAPLE GROVE** 📍

9645 Grove Circle North  
Suite 200 & Suite 250\*

### **MAPLE GROVE** 📍

7767 Elm Creek Blvd. N  
Suite 160 & Suite 207

### **MAPLEWOOD** 📍📍

1856 Beam Ave.  
Suite 100

### **SHAKOPEE** 📍

St. Francis Regional  
Medical Center  
1601 St. Francis Ave.  
Suite 200

### **WACONIA** 📍

424 State Hwy. 5 W  
Waconia, MN 55387

*\* Ambulatory Surgery Centers*

## Hours\*\*

### **iSpine Pain Care Locations:**

Mon-Fri, 8am-5pm

### **iSpine Rehab Locations:**

Mon-Thurs, 7am-7pm  
Fri, 7am-4:30pm

*\*\*Some clinic hours change seasonally, please call for info*