FirstHealth Neurosurgery specializes in the treatment of diseases/disorders of the brain, spinal cord and spinal column, and peripheral nerves within all parts of the body.

Treatment is available for the following diagnoses:

- Cervical & Lumbar Disc Disease
- Brain Tumors
- Ulnar Neuropathy
- Carpal Tunnel Syndrome
- Spinal Stenosis
- Spinal Fractures

Main Phone Number: (910) 715-8700 or toll free (855) 535-8700
Address: 10 Aviemore Drive
Pinehurst, NC 28374
PATIENT REFERRAL

Date: ______________________

Patient Information:
Patient Name: ________________________________________ M: _____ F: _____ DOB: _____________________
Phone Number: (H) (_____)______-_________ (C) (_____)______-_________ (W) (_____)______-_________
Mailing Address: ______________________________________________________________________________

Referring Provider Information:
Referring Provider : ____________________________ Name of Referring Office: __________________________________________
Referring Office Phone: (_____)______-_________ Referring Office Fax: (_____)______-_________
Person to contact at Referring Office: _______________________________________________________________

Referral Reason Section:
Reason for neurosurgical referral: ___________________________________________________________________
Referred to (please check one): ☐ First Available ☐ Campbell ☐ Carson ☐ Jaufmann ☐ Wadon
Comments: ______________________________________________________________________________________
Has the patient ever been seen by Drs. Wadon, Jaufmann, Haworth, Kee, Carson, Moyle or Shupeck? __Yes ___ No
If yes, when? _______________________________________________________________________________________
Has the patient ever had any neurological surgery before? __Yes ___ No
If yes, Date, By Whom & Type? _________________________________________________________________________

Insurance Information:
Please provide insurance information or attach a copy of patient’s insurance card and authorization with this referral.
☐ Medicare   ☐ TRI CARE   ☐ Medicaid   ☐ BCBS   ☐ Other
Private insurance name: _____________________________________________________________________________
Carolina Access PCP Dr.: ____________________________ Carolina Access PCP Dr. NPI#: _________________________
Worker’s Comp: ____________________________ DOI: ____________________________
Adjuster Name: ____________________________ Phone: (_____)______-_________ Fax: (_____)______-_________
☐ Advise patient to bring updated list of medications to appointment
☐ Advise patient to bring CD of Imaging Studies to appointment

Please fax:
1) This completed form
2) Copy of the last pertinent office note related to the referral
3) Imaging Study report: must be less than 12 months old of the region for which consult is requested
4) Copy of patient’s insurance card(s) front and back
If you are requesting an ASAP/STAT appointment, please call our office as well.
We strive for efficiency in our process. This information is necessary to expedite our scheduling process.
Thank you for your referral.