

# Neurosurgery & Spine

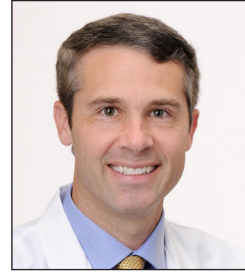
FirstHealth UNC Neurosurgery & Spine specializes in the treatment of diseases/disorders of the brain, spinal cord and spinal column, and peripheral nerves within all parts of the body.

Treatment is available for the following diagnoses:

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



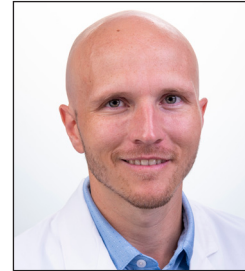
Teddy E. Kim, M.D.



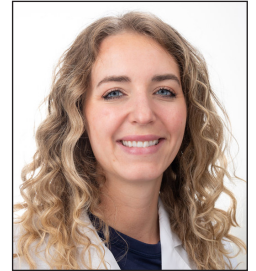
James B. Walker, M.D.



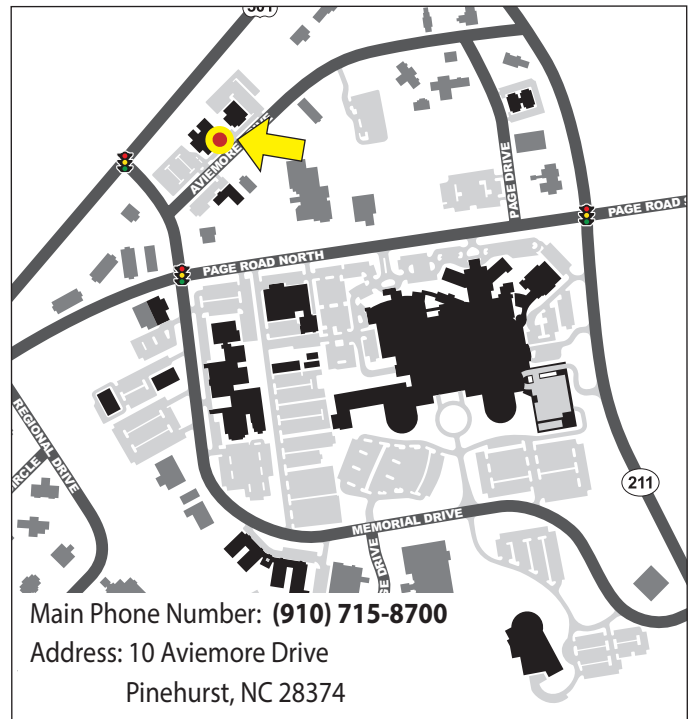
Ryan Clark, PA-C



Matthew Coffin, PA-C



Amy Smith, PA-C



**FirstHealth**

NEUROSURGERY & SPINE

Physician services under contract with

**UNC HEALTH**

# Neurosurgery & Spine

10 Aviemore Drive • Pinehurst, NC 28374

## PATIENT REFERRAL

Please fax to (910) 715-8701:

- 1) This completed form
- 2) Copy of the last pertinent office note related to the referral
- 3) Imaging Study: CD/report (if already performed)
- 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.

Date: \_\_\_\_\_

### Patient Information:

Patient Name: \_\_\_\_\_ M: \_\_\_\_\_ F: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone Number: (H) (\_\_\_\_)\_\_\_\_-\_\_\_\_ (C) (\_\_\_\_)\_\_\_\_-\_\_\_\_ (W) (\_\_\_\_)\_\_\_\_-\_\_\_\_

Mailing Address: \_\_\_\_\_

Patient Email: \_\_\_\_\_

### Referring Provider Information:

Referring Provider: \_\_\_\_\_ Name of Referring Office: \_\_\_\_\_

Referring Office Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Referring Office Fax: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Person to contact at Referring Office: \_\_\_\_\_

### Primary Care Provider Information:

Primary Care Provider: \_\_\_\_\_ Primary Care Office \_\_\_\_\_

Primary Care Office Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Primary Care Office Fax: (\_\_\_\_)\_\_\_\_-\_\_\_\_

### Referral Reason Section:

Reason for neurosurgical referral: \_\_\_\_\_

Referred to (please check one):  First Available  Kim  Walker

Comments: \_\_\_\_\_

Has patient ever been seen by Drs. Fromke, Campbell, 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 \_\_\_ TRICARE \_\_\_ 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