

REFERRAL FORM

- Burnsville Chaska Coon Rapids
- Delano Edina Maple Grove
- Maplewood Shakopee St. Cloud

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	Authorization#	Authorization Insurance 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 #

(REQUIRED) Written diagnosis/reason/symptom for exam(s). Must include **specific** 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
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Please fax the most recent notes, imaging reports, PT/OT notes and demographics with referral.

PAIN MANAGEMENT

Consultation/Evaluate & Treat:

- Epidural Steroid Injection
- Selective Nerve Root Block
- SI Joint Injection
- Piriformis Muscle Injection
- Facet Joint Injection
- Diagnostic Medical Branch Block/Rhizotomy Eval
- Provocative Discography
- Vertebroplasty/Kyphoplasty
- Trigger Point 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 per protocol:

- Low Back Pain Neck Pain/Headaches
- TMJ Pain Post-Surgical

Specific Inst./Precautions: _____

Acute & Subacute Neck and/or Back Therapy

MD Evaluation with 6-8 therapy visits

Medical Spine Center (MSC) Consult (HealthPartners insurance only)

MSC Doctor Evaluation

EMG

Upper Extremity

- Median Nerve Ulnar Nerve Brachial Plexus Cervical

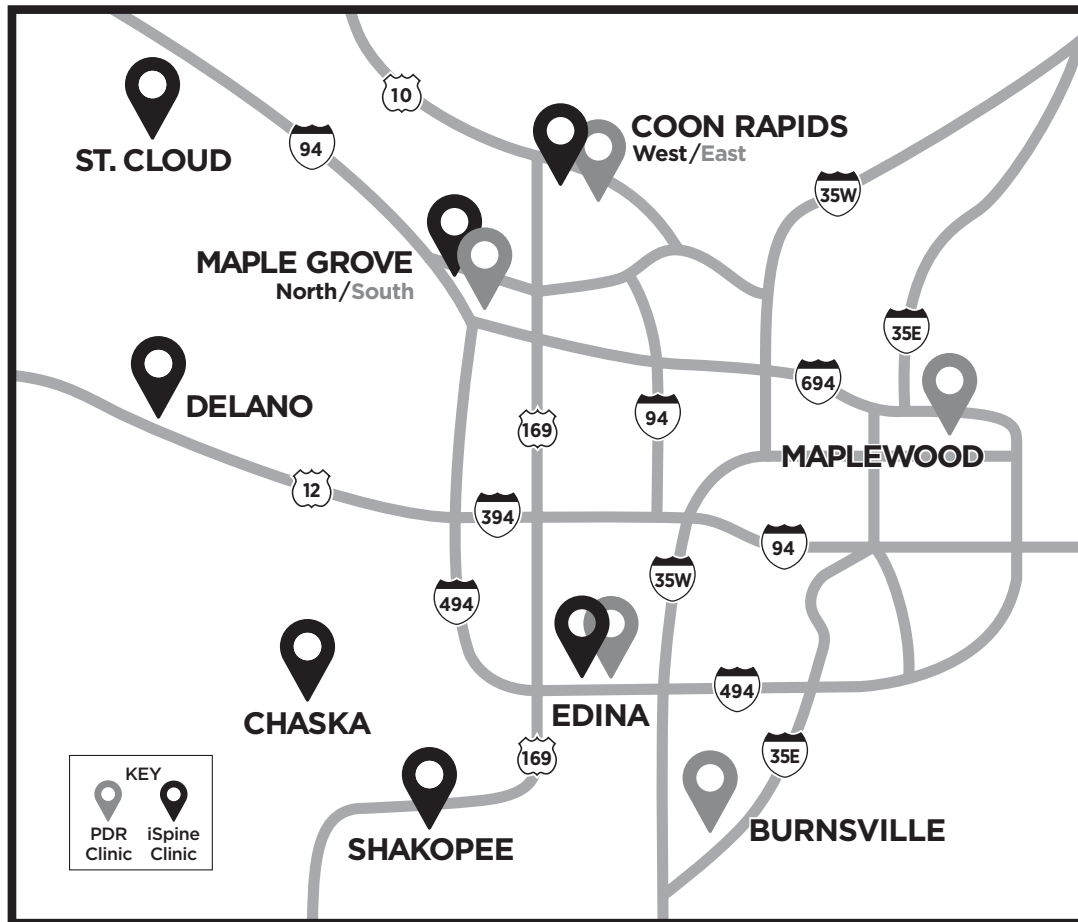
Radiculopathy

Lower Extremity

- Lumbosac Radiculopathy Peroneal Nerve Peripheral Neuropathy

Other Diagnosis/Symptoms: _____

Provider Name (print)	Phone	Fax
Clinic Name	Location (City)	
Provider Signature (required)	NPI# (required)	Date



Hours**
 Mon-Fri, 8am-5pm
 Sat-Sun Closed

CHASKA
 3000 Hundertmark Rd.
 Suite 200* & Suite 250
 Chaska, MN 55318

COON RAPIDS-WEST
 Mercy Specialty Center
 11850 Blackfoot St. NW
 Suite 405
 Coon Rapids, MN 55433

* Ambulatory Surgery Centers

DELANO
 Ridgeview Delano Clinic
 916 Saint Peter Ave.
 Delano, MN 55328

EDINA
 7700 France Ave. S
 Suite 260*
 Edina, MN 55435

MAPLE GROVE-NORTH
 9645 Grove Circle North
 Suite 200 & Suite 250*
 Maple Grove, MN 55369

SARTELL
 St. Cloud Orthopedics
 1901 Connecticut Ave. S
 Sartell, MN 56377

SHAKOPEE
 St. Francis Regional
 Medical Center
 1601 St. Francis Ave.
 Suite 200
 Shakopee, MN 55379



Hours**
 Mon-Thurs, 7am-7pm
 Fri, 7am-4:30pm
 Sat-Sun Closed

BURNSVILLE
 172 Cobblestone Lane
 Burnsville, MN 55337

COON RAPIDS-EAST
 320 Coon Rapids Blvd.
 Coon Rapids, MN 55433

EDINA
 7700 France Ave. S
 Suite 240
 Edina, MN 55435

MAPLE GROVE-SOUTH
 7767 Elm Creek Blvd. N
 Suite 160
 Maple Grove, MN 55369

MAPLEWOOD
 1856 Beam Ave.
 Suite 100
 Maplewood, MN 55109

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