

# Center for SPINE, JOINT & Neuromuscular Rehabilitation

Son D. Le, MD

## PATIENT REFERRAL REQUEST

We are happy to take care of scheduling the patient within 24 hours of receipt of this form. Upon confirmation with the patient, we will fax a copy of this form back to you with the appointment confirmation information indicated below.

new patient fax ➔ **615.564.9302**  
new patient phone ➔ **615.515.9309**

Patient Referral for:  Consultation & Management  Consultation for Procedure  Procedure Only  
 Non-Opioid Treatment  Behavioral Health

Interventionalist may determine:  Procedure Level  Technique & Approach

### APPOINTMENT CONFIRMATION

DATE \_\_\_\_\_ TIME \_\_\_\_\_

PROVIDER \_\_\_\_\_

SUMMIT MEDICAL CENTER  
5651 Frist Boulevard, Suite 712 • Hermitage, TN 37076

SHOPPES AT THE VILLAGE  
833 Memorial Boulevard, Suite E • Murfreesboro, TN 37129

### Referring Provider

practice \_\_\_\_\_  
address \_\_\_\_\_  
  
phone \_\_\_\_\_  
fax \_\_\_\_\_  
email \_\_\_\_\_  
provider \_\_\_\_\_  
NPI # \_\_\_\_\_  
notes \_\_\_\_\_

### Patient Information

name \_\_\_\_\_  
address \_\_\_\_\_  
  
mobile \_\_\_\_\_  
home \_\_\_\_\_  
email \_\_\_\_\_  
SSN \_\_\_\_\_  
DOB \_\_\_\_\_  
primary ins. \_\_\_\_\_  
insurance ID \_\_\_\_\_

### SPINAL INJECTIONS

**Epidural Steroid Injection**  
 Translaminar  Transforminal  
 Cervical  Thoracic  Lumbar  
 Left  Right  Bilateral  
 x1  x2  x3  
Levels: \_\_\_\_\_

**Facet Nerve Block (MBNB)**  
 Cervical  Thoracic  Lumbar  
 Left  Right  Bilateral  
 x1  x2  
Levels: \_\_\_\_\_

**Sacroiliac Joint Injection**  
 Left  Right  Bilateral

**Lumbar Sympathetic Ganglion Nerve Block**  
 Left  Right

**Stellate Ganglion Nerve Block**  
 Left  Right

**Intercostal Nerve Block**  
 Left  Right  Bilateral  
Ribs: \_\_\_\_\_

### EXTREMITY INJECTIONS

**Peripheral Nerve Block**  
 Left  Right  Bilateral  
Areas: \_\_\_\_\_

**Steroid Joint Injection**  
 Shoulder  Wrist  Hand  
 Hip  Knee  Foot  
 Other: \_\_\_\_\_  
 Left  Right  Bilateral

**Trigger Point Injection**  
Areas: \_\_\_\_\_

**Botulinum Toxin Treatment** ⚠️  
 Headache  Dystonia

### REGENERATIVE

**Amniotic Tissue Allograft (ATA)**

**Platelet Rich Plasma (PRP)**

### DIAGNOSTIC

**Electromyography/ Nerve Conduction Study (EMG/NCS)**  
 Upper Extremity  Lower Extremity  
 Left  Right  
Complaint:  
 Peripheral Neuropathy Testing  
 Radiculopathy  
 Paresthesia (numbness)  
*\*Please send MRI if available*

**Discogram** (includes post discogram CT)  
 Thoracic  Lumbar  
 Left  Right  
Levels: \_\_\_\_\_

### ADVANCED

**Radiofrequency Neurotomy** ⚠️  
 Cervical  Thoracic  Lumbar  
 Left  Right  Bilateral  
Levels: \_\_\_\_\_

**Spinal Cord Stimulator Trial** ⚠️

**Intrathecal Drug Pump Trial & Management** ⚠️

⚠️ Denotes Consult Required Prior to Procedure

\*Please fax copy of: insurance ID card, last 2 clinic notes, any imaging (MRI, CT, XRay, DEXA Scans, EKG), last six months blood work, and physical therapy reports.