



REGENERATIVE SPINE & JOINT CENTER

BORIS TEREBUH, MD

www.RegenerativeSpineAndJoint.com

6860 Perimeter Drive, Suite A

Dublin, Ohio 43016

(614) 389-3089, (614) 389-3876 fax

Referral request date:

NEW PATIENT REFERRAL REQUEST FORM

How did you hear about us? Doctor (name) _____ Family/Friend (name) _____

Internet (which search words used) _____ Search Engine GOOGLE, BING, YAHOO, other _____

Facebook Post _____ Facebook Ad _____ Billboard (location) _____

Radio (station) 97.1 The Fan, other station _____ Print Ad (which) Fairway Edition, other _____

Other source of hearing about us (which) _____

Patient Name: _____ DOB: _____

Mailing Address: _____ SS#: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell / Alternate Phone #: _____

Insurance: (must include copy of card): _____ ID: _____

Self Referral? Referring Provider: _____ Phone #: _____

Office Contact: _____ Office Fax #: _____

Referring Provider NPI: _____

Diagnosis / Reason for Referral: _____

Primary Care Physician/Provider (PCP) if different from above _____

★★Please submit office notes, radiology reports, and medication lists pertaining to this referral★★

★★If patient has been evaluated by another specialist for this condition, please send medical records for review★★

Is referral related to a Motor Vehicle Accident or any other personal injury circumstance involving a lawyer?

Is this referral related to a Workers Compensation Injury? _____ Is there a C-9 Approval? _____

Type of Visit Requested: Evaluate & Treat Consult EMG/NCS (circle) Left • Right • Bilat • Arm(s) • Leg(s)

★We will contact patient within 48 hrs. to schedule appointment★ Would you like to be notified of appointment time and date?

☆☆☆☆☆☆☆☆☆☆ **OFFICE USE ONLY** ☆☆☆☆☆☆☆☆☆☆

Chart Pulled & Reviewed: _____ Notes / Radiology / Insurance Information Received: _____

Phone Contact with Patient: _____ Is condition related to an MVA, Personal Injury, or Work Injury? _____

Initials of Person Taking this Referral Date Referral Made _____

Appointment Date: _____ Appointment Time: _____

★**Always Instruct Patient to Download Paperwork from RSJC Website**★

★★2nd Choice: Email Paperwork to Patient (or FAX)★★

★★★3rd Choice: (LAST RESORT) Mail Paperwork to Patient★★★