

Midwest Spine & Brain Institute Referral Form



- Appointments – Fax: 651-259-4585 Voice: 651-430-3800/ 1-800-353-7720
- Midwest Spine & Brain Institute will call patient to schedule an appointment.

▪ Request for Midwest Spine & Brain Institute Services

**Please note: If Prior Authorization is required, we will obtain the authorization before scheduling the patient appointment.

➤ Spine Evaluation

- Cervical Thoracic Lumbar

Diagnosis/Symptoms _____

*Please have patient bring all previous imaging to Midwest Spine appointment.

▪ Patient Information

Patient Name: _____ Phone: _____ DOB: _____

Patient Address: _____

Primary Care Physician: _____

Open Workers Comp? Yes No

Open Motor Vehicle Accident? Yes No If yes, date of injury _____

Insurance Co. _____ Adjuster Name/Phone _____ Claim# _____

Medical Insurance: _____ Policy Holder's Name: _____

ID# _____ Group# _____

▪ Providers (leave unchecked for first available provider)

Orthopedic Spine Surgeons

- Glenn R. Buttermann, MD
 Stefano M. Sinicropi, MD
 Todd E. Jackman, MD

Neurosurgeon

- David T. Chang, MD

Physical Medicine/Rehabilitation

- Daniel P. Sipple, D.O.

Physician Assistants

- Eric S. Salman, PA-C
 Jacob G. Guth, PA-C
 Phillip C. Stewart, PA-C
 Matthew C. Hawkins, PA-C
 Jeff O. Bohlman, PA-C

▪ Referring Provider Information

Date of Referral: _____ Referring Provider Name: _____ Referring Clinic: _____

Referring Provider Fax # for Chart Notes: _____ Contact Person/Phone: _____

System: Allina St. Croix Regional Medical Center North Memorial Fairview
 Other _____

For notification of scheduled appointment, provide your fax number. FAX: _____

MSBI Provider: _____ Appt. Date/Time: _____ / _____ Location: _____