

Referral Request Form

Midwest Spine & Brain Institute



- Appointments – Voice: 651-430-3800/ 1-800-353-7720 Fax: 651-430-3827
 - Midwest Spine & Brain Institute will call patient to schedule an appointment.
 - **Please note: If Prior Authorization is required, we will obtain the authorization before scheduling the patient appointment.
 - **Please have patient bring all previous imaging to Midwest Spine appointment.

Spine Evaluation

Cervical Thoracic Lumbar

Cranial Evaluation

Patient Diagnosis/Symptoms _____

■ Patient Information

Patient Name: _____ DOB: _____ Phone: _____
Patient Address: _____ City: _____ State: _____ Zip: _____
Patient email: _____ Primary Care Physician: _____
■ Workers Comp? Yes No Motor Vehicle Accident? Yes No
■ Date of injury/Accident: _____
Liability Insurance Company: _____ Adjuster Name/Phone: _____
Claim # _____
Medical Insurance Company: _____ Policy Holder's Name: _____
Group #: _____ Insured ID# _____

■ Providers

(first available provider will be chosen if no specific selection made)

Orthopedic Spine Surgeons

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

Neurosurgeons

David T. Chang, MD
Meysam A. Kebriaei, MD
Eduardo J. Perez, MD
Hart P. Garner, MD
Eric S. Nussbaum, MD

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
Kylee N. Persing, PA-C
Marland D. Gilbert, PA-C

Certified Nurse Practitioner

Alyssa Edwards, MSN, AGNP, RN

■ Referring Provider Information

Date of Referral: _____ Referring Provider Name: _____ Referring Clinic: _____
Referring Provider Fax # for Chart Notes: _____ Contact Person/Phone: _____
System: Allina Alomere Health St. Croix Health Lakewood Health Hudson
 HealthPartners MHealth Essentia North Memorial Other: _____

Provider fax number for notification of scheduled appointment: _____

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