



Sport & Spine Care

425.899.1220

12039 NE 128<sup>th</sup> St Suite 500  
Kirkland, WA 98034

Interventional Care

425.899.1210

12039 NE 128<sup>th</sup> St Suite 400  
Kirkland, WA 98034

Fax: 425.899.1285

### Patient Referral Form

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DOB: \_\_\_\_\_

PHONE: \_\_\_\_\_

Thank you for the referral to us. To assist us in providing the best care possible, we ask that you please include the following with this referral:  Demographic information  Last chart note

Copy of insurance card  Any relevant imaging with reports (MRI, CT, SPECT, X-Ray)

Diagnosis \_\_\_\_\_

#### **SPINE INJECTION: Location (ISC/DYP 400)**

- Interlaminar epidural steroid injection
- Transforaminal epidural steroid injection
- Nerve Root Block
- Facet Injection/Medial branch block
- Sacroiliac Joint Injection/Lateral branch block
- RF Neurotomy
- Sympathetic Block
- Other: \_\_\_\_\_

Left  Right  Bilateral

Level(s) \_\_\_\_\_

- Modify injection at provider discretion
- Follow up injections at provider discretion

PROVIDER:

- First Available
- Dr. Charles Chabal  Paul Dreyfuss, MD
- Doug Burns, MD  Yung Lee, DO
- Alison Stout, DO  Brandon Messerli, DO
- Ryan Zehnder, MD  Dr. Jennifer Lee
- Dr. Adrielle Fry

#### **SPORT & SPINE: Location (ESSC/DYP 500)**

Consult  Transfer of Care

#### **EMG/NCV**

Arms  Left  Right  Bilateral  
 Legs  Left  Right  Bilateral

Rule out: \_\_\_\_\_

#### **Diagnostic High Definition Ultrasound**

Wrist  Elbow  Foot  Ankle  
 Shoulder  Knee  Hip

PRP

Ultrasound guided injection

Other: \_\_\_\_\_

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- Brandon Messerli, DO  Doug Burns, MD
- Ryan Zehnder, MD  Dr. Charles Chabal
- Dr. Adrielle Fry

REFERRING PROVIDER: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ OFFICE FAX: \_\_\_\_\_