

Spine and Nerve Center
400 Court Street Suite 100
Charleston, WV 25301
Phone / 304-347-6120
info@thomashealth.org

NEW PATIENT CONSULTATION REQUEST

THANK YOU FOR CONSIDERING SPINE AND NERVE CENTER FOR YOUR INTERVENTIONAL PAIN MANAGEMENT NEEDS. OUR GOAL IS TO DELIVER THE MOST INNOVATIVE AND EFFECTIVE INTERVENTIONAL PAIN MANAGEMENT TREATMENTS.

WE ARE REFERRAL BASED PRACTICE SO PLEASE HAVE YOUR PHYSICIAN FILL OUT CONSULTATION REQUEST ALONG WITH REQUIRED DOCUMENTS SUCH AS UPDATED IMAGING: MRI, CT, XRAYs, EMG, CURRENT INSURANCE CARD AND/OR AUTHORIZATIONS FOR VISIT. PLEASE FAX TO (304) 347-6205. AFTER YOUR REQUEST IS RECEIVED, IT WILL BE REVIEWED BY OUR MEDICAL DIRECTOR AND IF ACCEPTED OUR SCHEDULER WILL REACH OUT TO SCHEDULE AN APPOINTMENT.

THANK YOU,

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New patient Consultation Request-if approved will be a **CONSULT ONLY** **We **DO NOT** take over medication management, we offer interventional pain management.

Information Requested:	Completed Information:
Date:	
Requesting physician:	
Requesting physician NPI:	
Office address:	
Office phone number:	
Patient name (Last, First, Middle initial):	
Date of birth:	
Social security number:	
Home address:	
Home phone/Cell number:	
Reason for consult:	
Is this a work-related accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this an auto-related accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Type:	
Referral or Authorization Number:	
If applicable, Workers Compensation DOI:	
<ul style="list-style-type: none"> Workers Compensation Claim Number: 	
<ul style="list-style-type: none"> Allowed Diagnosis Codes: 	

REQUIRED DOCUMENTATION TO ACCOMPANY THIS FORM:

- RECENT IMAGING-MRI/CT/XRAYS
- COPY OF INSURANCE CARDS
- COPY OF AUTHORIZATIONS AND/OR REFERRAL NUMBER AS APPLICABLE (VA, WORKERS COMPENSATION)

FAX TO (304) 347-6205

