



Seton Spine & Scoliosis Center

A Program of the  Seton Brain & Spine Institute

Phone: (512) 324-3580 • Fax: (512) 324-3581
1600 W. 38th Street, Suite 200 • Austin, Texas 78731

REFERRAL FORM

This form is intended to assure prompt communication with requesting providers. For appointment scheduling, please call (512) 324-3580.

IMPORTANT: Please fax patient information, referring physician clinical notes and insurance authorization.

Check Physician Preference:

Fellowship Trained Spine Surgeons

- Matthew J. Geck, MD
Spine & Scoliosis Surgeon
- John K. Stokes, MD
Neurological Spine Surgeon
- Eric Truumees, MD
Orthopedic Spine Surgeon

Nonsurgical Spine Care (Physical Medicine & Rehabilitation)

- Lee E. Moroz, MD
Conservative & Interventional Spine Care
- Enrique B. Pena, MD
Conservative & Interventional Spine Care

Patient Name: _____

Phone: _____ Date of Birth: _____

Referring Physician: _____ Phone: _____

Reason for referral:

Surgical Spine Care

Spinal Deformity

- Scoliosis
- Kyphosis
- Flatback Syndrome
- Previously Operated Scoliosis
- Failed Surgery

Low Back/Lumbar

- Herniated Disc/Radiculopathy
- Lumbar Stenosis
- Back Pain
- Spondylolisthesis
- Failed Surgery

Neck/Cervical

- Herniated Disc/Radiculopathy
- Neck Pain
- Kyphosis/Chin on Chest Deformity
- Myelopathy

Pediatric Spine

- Scoliosis
- Kyphosis/Scheuermann's Disease/Round Back
- Spondylolisthesis/Pars Defect
- Back Pain

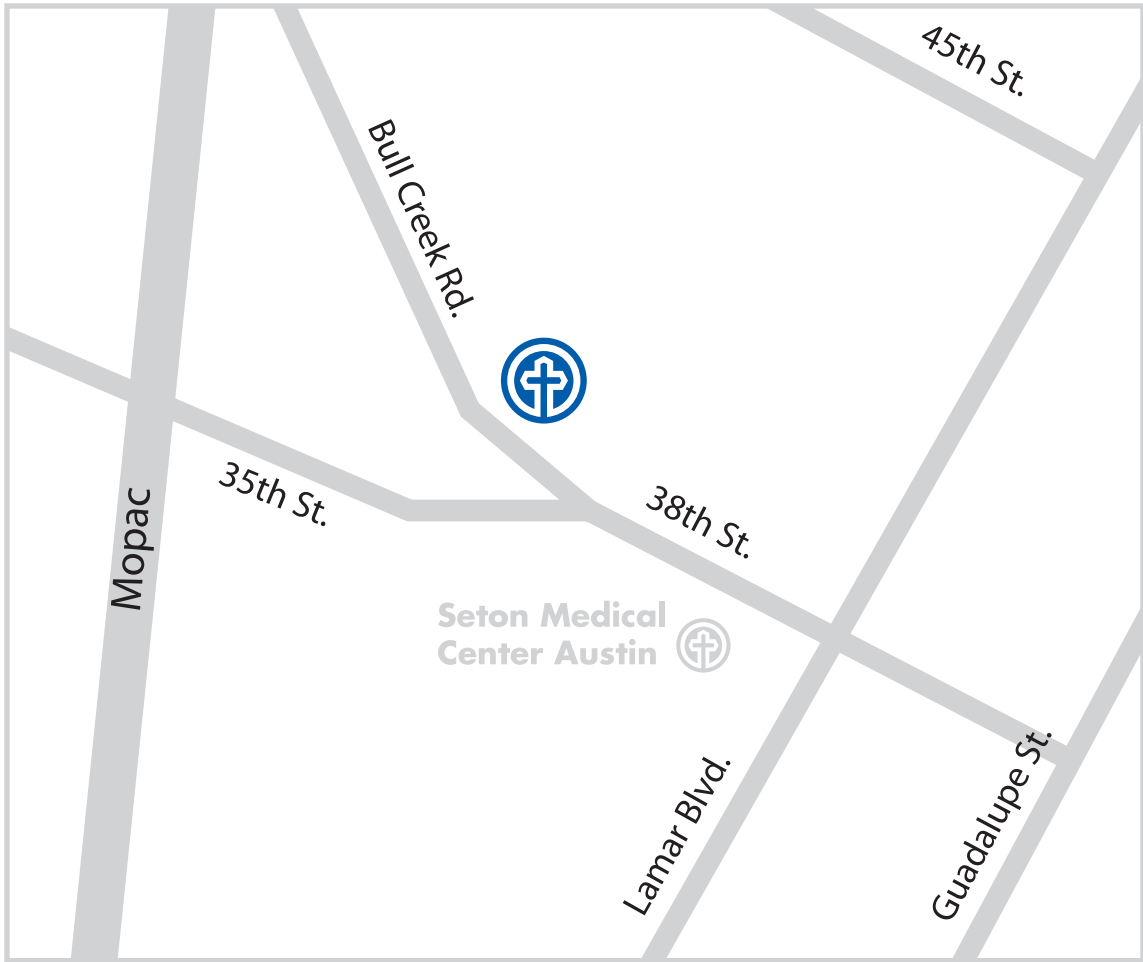
Nonsurgical Spine Care

Therapeutic/Diagnostic Injection

- ESI (Epidural steroid injection)
- SNRB (Selective nerve root block)
- Discogram (Please indicate levels)

Please check the diagnostic studies/treatments to be done:

- MRI, Date: _____
- CT, Date: _____
- X-Rays, Date: _____
- CT Myelogram, Date: _____
- EMG, Date: _____
- Physical Therapy, Date: _____
- Chiropractic, Date: _____
- Injections/Pain, Date: _____
- Management Procedures (i.e. ESI, Facet Blocks, Nerve Root Blocks, Radiofrequency) Date: _____



Jefferson Building

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