



Seton Brain & Spine Institute

SPINE & REHABILITATION CENTER

REFERRAL FORM

This form is intended to assure prompt communication with requesting providers. For appointment scheduling at all locations, please call 512-345-5925.

IMPORTANT: Fax patient information, clinical notes and insurance authorization to the appropriate office.

Office Locations:

Central

3724 Executive Center Drive
Suite G-10
Austin, TX 78731
P: 512-345-5925
F: 512-343-7113

Round Rock

2051 Gattis School Road
Suite 250
Round Rock, TX 78664
P: 512-345-5925
F: 512-336-4039

South

4029 Capital of TX Hwy. S
Suite 111
Austin, TX 78704
P: 512-345-5925
F: 512-447-2708

Check Physician Preference:

Orthopedic (Spine)

Viet Tran, MD

Physical Medicine & Rehabilitation (Spine and Extremities)

Mark Queralt, MD

Esther Yaniv, MD

1st Available

Electrodiagnostic
Consultation

Patient Name: _____ Date: _____

Phone: _____ Date of Birth: _____

Diagnosis: _____

Reason for referral/special instructions/additional information: _____

Please call me after your evaluation.

Physician's Signature: _____

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