



## COMPREHENSIVE SPINE PROGRAM

Phone: 512-324-SBSI (7274) • Fax: 512-324-3542

### REFERRAL FORM

This form is intended to ensure prompt communication with requesting providers. For appointment scheduling at all locations, please call or fax the numbers above.

**IMPORTANT:** Fax patient demographics, clinical notes, and insurance authorization.

Patient Name: \_\_\_\_\_ Epic Account No.: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred to Location: \_\_\_\_\_ Physician, if known: \_\_\_\_\_

(See reverse for list of providers and locations)

### Reason for Referral (Diagnosis/Chief Complaint):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Urgency:**     STAT (within 48 hours)     Within 1 to 2 weeks     Next Available

#### Neck/Cervical

- Herniated Disc/Radiculopathy
- Kyphosis/Chin on Chest Deformity
- Myelopathy
- Neck Pain
  - Radiating to Extremities:
    - Right     Left     Bilateral
- Weakness/Numbness in Extremities:
  - Right     Left     Bilateral
- Stenosis
- Other: \_\_\_\_\_

#### Thoracic

- \_\_\_\_\_

#### Low Back/Lumbar

- Back Pain
  - Radiating to Extremities:
    - Right     Left     Bilateral
- Weakness/Numbness in Extremities:
  - Right     Left     Bilateral
- Bowel/Bladder Dysfunction
  - How long? \_\_\_\_\_
  - Worsening?  Yes  No
- Failed Surgery
- Herniated Disc/Radiculopathy
- Lumbar Stenosis
- Spondylolisthesis
- Other: \_\_\_\_\_

#### Spinal Deformity

- Scoliosis, Adult
- Scoliosis, Pediatric/Adolescent
- Flat Back Syndrome
- Kyphosis
- Previous Scoliosis Surgery
- Failed Other Spine Surgery

### Previous treatments and tests:

Name and location of the doctor that FIRST treated the patient for this condition: \_\_\_\_\_

What treatments did the patient have? \_\_\_\_\_

What tests were completed?     MRI     CT     X-Ray     EMG     Other: \_\_\_\_\_

Any injections for this condition? If yes, describe: \_\_\_\_\_

Any previous back or neck surgery? If yes, describe: \_\_\_\_\_

Any other previous surgeries and dates? If yes, describe: \_\_\_\_\_

# PROVIDERS/LOCATIONS

Phone: 512-324-SBSI (7274) • Fax: 512-324-3542

## CENTRAL AUSTIN

- 1** 3724 Executive Center Drive, Suite G-10  
Austin, TX 78731
  - Mark Queralt, MD  
(Physical Medicine & Rehabilitation)
  - Viet Tran, MD (Orthopedic Spine)
  - Esther Yaniv, MD  
(Physical Medicine & Rehabilitation)
- 2** 1600 W. 38th Street, Suite 200  
Austin, TX 78731
  - Matthew Geck, MD  
(Spine & Scoliosis Surgery)
  - Lee Moroz, MD  
(Physical Medicine & Rehabilitation)
  - Enrique Pena, MD  
(Physical Medicine & Rehabilitation)
  - John Stokes, MD (Neurosurgical Spine)
  - Eric Truumees, MD (Orthopedic Spine)

## SOUTH AUSTIN

- 3** 4029 Capital of TX Hwy S., Suite 111  
Austin, TX 78704



WE ARE MOVING

### AS OF 8/14/2017, LOCATION WILL BE:

5301-B Davis Lane, Suite 200  
Austin, TX 78749

- Mark Queralt, MD  
(Physical Medicine & Rehabilitation)
- Viet Tran, MD (Orthopedic Spine)

## KYLE

- 4** 5103 Kyle Center Drive, Suite 103  
Kyle, TX 78640
  - Enrique Pena, MD  
(Physical Medicine & Rehabilitation)

## ROUND ROCK

- 5** 2051 Gattis School Road, Suite 250  
Round Rock, TX 78665
  - Viet Tran, MD (Orthopedic Spine)
  - Esther Yaniv, MD  
(Physical Medicine & Rehabilitation)

