



Physician Referral Form

Spine Surgery

Spine: Richard Wohns, MD, JD, MBA Kenneth Nwosu, MD, PhD, MBA Alex Mohit, MD, PhD

Burien	Gig Harbor	Bellevue	Puyallup	Silverdale
275 SW 160th St., Ste. 100 Burien, WA 98166 P: (253) 841-8939 F: (253) 445-0756 Dr. Nwosu	4700 Point Fosdick Dr. NW, Ste. 205 Gig Harbor, WA 98335 P: (253) 841-0842 F: (253) 445-0756 Dr. Mohit	1310 116 th Ave NE, Ste. A Bellevue, WA 98004 P: (425) 820-1221 F: (253) 445-0756 Dr. Nwosu	1519 3rd St. SE Ste. 101 Puyallup, WA 98372 P: (253) 841-8939 F: (253) 445-0756 Dr. Wohns, Dr. Nwosu & Dr. Mohit	9615 Levin Rd., Ste. 103 Silverdale, WA 98383 P: (253) 841-0842 F: (253) 445-0756 Dr. Mohit

Please include demographics, insurance cards (front/back), if L&I/MVA: Need claim #, DOI, claims manager name & phone number, last 3 chart notes to include most recent H&P, medication list, any diagnostic reports for last 2 years.
(Ex: MRI, CT scan, EMG, op-reports, injections, Physical Therapy and Chiropractic notes)

Referring Physician _____ Phone _____ Fax _____

Patient & Insurance Information

Last Name _____ First Name _____ MI _____ DOB _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Insurance Company _____ Subscriber ID or Claim Number _____ DOI (If Worker's Comp) _____

Insurance Billing Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Services

- Spine Surgery Consultation
- Evaluation & Treatment
- 2nd Opinion
- Other: _____

Follow-Up Care

- I would like to see this patient at a follow-up appointment after any procedure.
- I am referring the patient to you for long term care.

Urgency of appointment: Routine Urgent

Diagnosis:

