



Bend Spine & Pain Specialists

929 SW Simpson Ave., Suite 250
Bend Oregon 97702
Phone (541)647-1645 Fax (541)647-1648

Referral Request

Patients on medications must have primary care provider

FAX: (541) 647-1648

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Please include relevant imaging studies, prior treatments, chart notes, labs and medication list to assist us in the care of your patient. Thank you for your referral!

Referring Provider _____ Date _____

Contact _____ Phone _____ Fax _____

Primary Care Provider _____ Phone _____

- Referral Evaluate and treat this problem _____
- Referral Please counsel patient about
 - Opioid dependence
 - Exercise therapy
 - Coping with chronic pain
- Referral Provide compliance recommendations
- Referral Please take over prescribing these medications _____
- Consult Please review medication and treatment
- Consult Please answer this question _____
- Procedure _____

Patient Information

Patient Name _____ DOB _____ M/F _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ Caregiver _____

Insurance _____ W/C or MVA? _____

ID # _____ Group # _____

Pre-Authorization required? Y/N Pre-Authorization number _____