



# Patient Referral Form

Referring Doctor: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## Patient Demographics & Contact Information

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

## Patient Insurance Information

Company \_\_\_\_\_  
 Name of Subscriber \_\_\_\_\_  
 Subscriber Date of Birth \_\_\_\_\_  
Please fax copy of the front of insurance card.

Reason for Referral \_\_\_\_\_

Diagnosis \_\_\_\_\_

<b>Workers Comp?</b>	<b>YES</b>	<b>NO</b>
<b>Motor Vehicle Accident?</b>	<b>YES</b>	<b>NO</b>
<b>Previous Back Surgery?</b>	<b>YES</b>	<b>NO</b>
<small>If prior back surgery, please fax a copy of the office notes and surgery summary.</small>		

## Other Services

<b>MRI</b>	<b>YES</b>	<b>NO</b>
<b>X-RAYS</b>	<b>YES</b>	<b>NO</b>
<b>PHYSICAL THERAPY</b>	<b>YES</b>	<b>NO</b>

## Spine Surgery

### First Physician Available

**Dr. Rick Sasso, MD**  
 \_\_\_\_\_ Carmel Office  
 Fax: (317) 715 - 4887

**Kenneth Renkens, MD**  
 \_\_\_\_\_ Carmel Office \_\_\_\_\_ Fishers Office  
 Fax: (317) 715 - 4887

**Thomas Reilly, MD**  
 \_\_\_\_\_ Kokomo Office \_\_\_\_\_ Carmel Office  
 Fax: (765) 553-5504

**Paul Kraemer, MD**  
 \_\_\_\_\_ Clearvista Office \_\_\_\_\_ Carmel Office  
 Fax: (317) 577-0619

**Justin Miller, MD**  
 \_\_\_\_\_ Greenwood Office \_\_\_\_\_ Danville Office \_\_\_\_\_ Carmel Office  
 Fax: (317) 715-4887

**Joseph Smucker, MD**  
 \_\_\_\_\_ Carmel Office \_\_\_\_\_ Fishers Office \_\_\_\_\_ Kokomo Office  
 Fax: (317) 715-5895 Fax (765) 553-5504

## Spinal Diagnostics & Therapeutics

### First Physician Available

**Kevin Macadaeg, MD**  
 \_\_\_\_\_ Carmel Office  
 Fax: (317) 715 - 5895

**Jonathan Gentile, MD**  
 \_\_\_\_\_ Clearvista Office \_\_\_\_\_ Carmel Office  
 \_\_\_\_\_ Kokomo Office  
 Fax: (317) 577-0619

**John Arbuckle, MD**  
 \_\_\_\_\_ Carmel Office \_\_\_\_\_ Kokomo Office  
 Fax: (317) 715-5895

**Jose Vitto, MD**  
 \_\_\_\_\_ Greenwood Office \_\_\_\_\_ Carmel Office  
 Fax: (317) 715-5895

**Robert Funk, MD**  
 \_\_\_\_\_ Carmel Office \_\_\_\_\_ Fishers Office \_\_\_\_\_ Kokomo Office  
 Fax: (317) 715-5895 Fax (765) 553-5504

Other Comments/Patient Notes: \_\_\_\_\_

## Patient Scheduled

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Scheduler: \_\_\_\_\_ Patient Notified?: **YES** **NO**

**Carmel Office**  
 13225 N. Meridian St.  
 Carmel, IN 46032  
 Fax: (317) 228-2321

**Clearvista Office**  
 8040 Clearvista Pkwy  
 Suite 450  
 Indianapolis, IN 46256  
 Fax: (317) 577-0619

**Kokomo Office**  
 821 N. Dixon Rd  
 Kokomo, IN 46901  
 Fax (765) 553-5504

**Fishers Office**  
 13914 Southeastern Pkwy  
 Suite 201  
 Fishers, IN 46037

**Danville Office**  
 998 E. Main St.  
 Building 1, Suite 201  
 Danville, IN 46122  
 Fax: (317) 229-2321

**Greenwood Office**  
 747 East County Line Road  
 Suite L  
 Greenwood, IN 46143  
 Fax: (317) 851-9728