



Phillip R. Kingma, MD • Margaret Witcher, FNP-C

Physician Referral Form

Patient Name: _____ () Date of Birth: ____/____/____
Last First MI

Home/Mobile Phone: () - _____ Work Phone: () - _____

Primary Insurance: _____ Insurance ID#/Group# _____

Referring Doctor: _____ Address: _____

Phone: () - _____ Fax: () - _____

The patient is looking forward to hearing from your office to schedule an appointment.

Evaluation Requested

Spine Management and Take Over Care

Evaluation & Treatment

Previous Medical Records Needed

Included with this referral request is the pertinent medical records on our patient, to allow you to provide a thorough evaluation and take over care if requested.

Office notes (last two office visits)

ALL MRI's, CT's, other imaging, or testing

Procedure notes (last two years, if available)

Patient demographic information

Current insurance card(s)

No previous records available

***** Midwest Pain & Spine Will Complete and Return to Referring Physician *****

Communication to you and our patients is important to our practice. The following is the next step in the patient's continued care. We will keep you updated with their progress.

Patient is scheduled on (date and time) _____ for an appointment.

Patient is not appropriate for our practice. We ask that you find another provider to take over care.

Other/Comments _____