

Patient Name (First, Middle Initial, Last) \_\_\_\_\_

Address \_\_\_\_\_

Gender:  Male  Female      DOB: \_\_\_\_\_      SSN: \_\_\_\_\_

Best telephone number to reach patient: \_\_\_\_\_  
Circle best one:                      Home                      Mobile                      Work

DOI: \_\_\_\_\_      Body Part(s): \_\_\_\_\_ *(indicate left or right, if appropriate)*

Diagnosis: \_\_\_\_\_

**Requesting Provider Information**

Requesting Practice and Provider Name: \_\_\_\_\_

Requesting Provider Telephone: \_\_\_\_\_      Requesting Provider Fax: \_\_\_\_\_

NPI #: \_\_\_\_\_      Referral Office Contact: \_\_\_\_\_

Has the patient had X-rays, MRI, or other imaging?  Yes  No *(If yes, please provide written reports and images for the appointment)*

Has the patient been treated by another specialist for this problem?  Yes  No

Specialist's Name: \_\_\_\_\_

**Insurance Information**

*Please fax a copy of picture ID and insurance card. If this is a Workers' Comp injury, we cannot file private insurance; the carrier must contact us.*

Does the patient have medical insurance?  Yes  No      Is precertification required?  Yes  No      Authorization #: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_      Date of Birth of Policy Holder: \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_

ID/Policy #: \_\_\_\_\_      Group #: \_\_\_\_\_

Secondary Insurance Company: \_\_\_\_\_

ID/Policy #: \_\_\_\_\_      Group #: \_\_\_\_\_

Address (for insurance claims) \_\_\_\_\_

*If patient is a minor and/or covered under their parent's insurance, please complete:*

Guarantor's Name (First, Middle Initial, Last) \_\_\_\_\_

**Please fax your requests\*\* directly to 803-296-9746.**

**Circle name if there is a provider preference.**

**Neurosurgeons**

Erwin Mangubat, MD, MPH  
 Seth S. Molloy, DO, MSc  
 David C. Straus, MD

**Orthopedic Surgeons**

P. Douglas deHoll, MD  
 William T. Felmy, MD  
 Gregory Grabowski, MD  
 Michael W. Peelle, MD, MHA

**Pediatric Scoliosis**

**Orthopedic Surgeons**

Michael P. Horan, MD  
 Christopher R. Hydorn, MD  
 Mark D. Locke, MD

**Primary Medical Spine and  
Interventional Medicine**

Kamran Z. Koranloo, MD  
 Pranitha R. Nallu, MD  
 David A. Scott, MD  
 James Viapiano, MD

**Advanced Practice Providers**

Jenny Cooper, PA  
 Douglas Dow, PA  
 Coleman Fravel, PA  
 Drew Friedrichs, PA  
 Andrea Griffin, NP  
 Joan Hornick, PA  
 Kelly Kage, PA  
 Georgeanna Lowdermilk, PA  
 Annette Rauch, PA  
 Farrah Schildknecht, NP  
 Valerie Shah, PA

300 Palmetto Health Pkwy.  
 Suite 200  
 Columbia, SC 29212  
 2 Medical Park Rd.  
 Columbia, SC 29203  
 3 Richland Medical Park Dr.  
 Suite 310  
 Columbia, SC 29203  
 14 Richland Medical Park Dr.  
 Suite 200  
 Columbia, SC 29203  
 104 Saluda Pointe Dr.  
 Lexington, SC 29072  
 100 Palmetto Health Pkwy.  
 Suite 320  
 Columbia, SC 29212  
 101 Business Park Blvd.  
 2nd Floor  
 Columbia, SC 29203  
 803-90SPINE  
 803-907-7463 phone

\*\*We will be happy to respond to all referral requests within 24 hours of receipt Monday-Thursday, and by the next business day on Friday. Our staff will schedule all appointments with patients and then communicate appointment information back to the referring physician's office.

**OFFICE USE ONLY:** Completed by: \_\_\_\_\_      Date: \_\_\_\_\_

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

Location: \_\_\_\_\_      Doctor: \_\_\_\_\_

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