Dr. Lynn Nelson Referral Request Form

Thank you for referring your patient to Dr. Lynn Nelson for spine care. Our process is to have the referring provider send the following information with this sheet and **fax to 641-450-1318**. **Please hold off on sending the referral for care until the MRI has been completed**. This will help to ensure we have all the necessary information for appropriate next steps. If you have any questions, our phone number is 515-955-6767. Once the information is received, Dr. Nelson will review all records and we will be in contact with you.

Please fill out the following information:

Date of request: _____

Patient Name: _____ DOB: _____

Patient Phone: _____

Referring Provider: _____ Phone: _____ Fax: _____

☐ Cervical ☐ Lumbar

Has the patient been evaluated by a spine surgeon before: ☐ No ☐ Yes

Has the patient had previous spine surgery? ☐ No ☐ Yes (who was the provider and send all records/OR report)

Third Party Payor: ☐ Motor Vehicle ☐ Work Comp ☐ Legal ☐ N/A

What is the patient's BMI? (Must be less than 40) _____ Hgb A1C (must be less than 8) _____

The following MUST be current (1 year or less) in order to continue with referral to Dr. Nelson. Please fax to 641-450-1318.

☐ X-Rays & MRI images pushed through PowerShare to Iowa Specialty Hospital

☐ Radiology Reports

☐ Referring provider notes

☐ Pain clinic treatment notes/physical therapy notes (if applicable)

☐ Demographic information, insurance card(s), and patient email

Please be aware:

- Our clinic will not take over long-term management, including opioids.
- Dr. Nelson DOES NOT treat compression fractures or scoliosis.