



**Montana Spine and Pain Center**  
 Providence Medical Group  
 500 W Broadway, Third Floor  
 Missoula, MT 59802  
 Phone (406) 327-1670  
 Fax (406) 329-5697

# FAX- Referral Form

<b>Date:</b> _____	<b>Number of pages including cover sheet</b> _____
<b>To:</b> Montana Spine & Pain Center-Scheduling	<b>Fax</b> 406-329-5697

<b>From:</b> _____
<b>Name of Referring Provider:</b> _____
<b>Phone:</b> _____ <b>Fax:</b> _____

<b>Patient Name:</b> _____	<b>Date of Birth:</b> _____
<b>Patient Phone:</b> _____	
<b>*Please include last 3 Office Visit Notes, Current Imaging &amp; Reports, and Injection Report, if Applicable.</b>	

<p><b><u>Evaluations</u></b></p> <p><input type="checkbox"/> New Patient- Spine Evaluation</p> <p><input type="checkbox"/> New Patient- Persistent Pain</p> <p><input type="checkbox"/> Direct Injection:</p> <p>Left      Right      Bilateral</p> <p>Location: _____</p> <p>Type: _____</p> <p><input type="checkbox"/> <b>Insurance Prior Authorization must accompany Direct Injection Order.</b></p>
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**Please note, accepting a patient referral does not imply that we will assume responsibility for prescribing of any medication. All recommendations and decisions in this regard are made on a case-by-case basis after thorough evaluation.**

The preponderance of current medical evidence suggests that chronic opioid therapy for non-cancer pain is more harmful than beneficial in most patients in the long term.

**CONFIDENTIALITY NOTICE**

Protected Health Information is personal and sensitive information related to a person's health care. It is being faxed to you after appropriate authorization from the individual or under circumstances that don't require individual authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional individual consent is prohibited, except as permitted by law. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in Federal and State law.

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