



(828) 255-7776 Phone • (828) 274-7602 Fax

*Our Asheville location can schedule an on site MRI and a physician appointment for a patient on the same day.*

**Location**

- Asheville
- Rutherfordton
- Marion
- Columbus
- Franklin
- Morganton
- Clyde

**Referring to:**      **Date** \_\_\_\_\_      **Time** \_\_\_\_\_

Neurosurgeon (first available)     Requested Surgeon \_\_\_\_\_

Orthopedic Spine Surgeon (first available)       Margaret O. Burke, MD

Physical Therapy     \*MRI       Laura Fleck, MD

EMG/NCV Loc: Ash  Brevard  Franklin  Clyde

**Type of Referral:** *Fax number for Drs. Burke, Fleck and EMG's is 274-5041*

Eval & Treat     Worker's Comp     Liability/MVA     Self Pay     2nd Opinion     IME

Referring Physician \_\_\_\_\_ Practice \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone# \_\_\_\_\_ Ext \_\_\_\_ Fax# \_\_\_\_\_

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone #s (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Carolina Access NPI # \_\_\_\_\_

**\*Attach copy of insurance card (front & back)** Pharmacy Choice \_\_\_\_\_ Individual / Group \_\_\_\_\_

Diagnosis / Clinical History \_\_\_\_\_

\_\_\_\_\_

(if ordering MRI) Type of scan \_\_\_\_\_ Contrast     Yes     No

**\*MRI referrals require a physician signature:** \_\_\_\_\_

Pain Medications \_\_\_\_\_

**Films:**     MRI     Plain Films     Bone Scan     CT     Other

**Office Use Only**

Account # \_\_\_\_\_ Scheduled by \_\_\_\_\_ Referral taken by \_\_\_\_\_

**Appointment Confirmation:** \_\_\_\_\_

**Appointment Date** \_\_\_\_\_ **Time** \_\_\_\_\_ **Provider** \_\_\_\_\_

**If this referral is urgent please call 255-7776**

**MD RESPONSE**

