



# Patient Referral Form

**Zachary NaPier, MD**  
*Spine Surgery*

\_\_\_ Lafayette    \_\_\_ West Lafayette    \_\_\_ Carmel

**Scheduling:** (765) 450-0680    **Fax:** (765) 450-0679

**Referring Physician:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

### Patient Demographics & Contact Information

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Reason for Referral:** \_\_\_\_\_  
\_\_\_\_\_

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

#### Worker's Comp:

- YES
- NO

#### Physical Therapy:

- YES
- NO

### Patient Insurance Information

Company: \_\_\_\_\_  
Name of Subscriber \_\_\_\_\_  
Subscriber Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
ID# \_\_\_\_\_ Group# \_\_\_\_\_  
Please fax a copy of the *front and back* of the insurance card.

#### Motor Vehicle Accident:

- YES
- NO

#### MRI within the last 6 months:

- YES
- NO

#### Injections within the last year:

- YES
- NO

#### X-Rays within the last 6 months:

- YES
- NO

### Other Comments/Patient Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Lafayette**  
1345 Unity Place  
Suite 310  
Lafayette, IN 47905

**West Lafayette**  
156 Sagamore Parkway West  
Suite A  
West Lafayette, IN 47906

**Carmel**  
13225 N. Meridian Street  
Carmel, IN 46032

Patient Scheduled: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Patient Notified? \_\_\_ YES \_\_\_ NO

Referral form also located @ [IndianaSpineGroup.com](http://IndianaSpineGroup.com)