Baylor Medicine

SPINE CENTER PATIENT REFERRAL FORM

7200 Cambridge Street, Suite 9B
Houston, TX 77030

Phone: 713.798.BACK (2225)
Fax: 713.798.8225

PATIENT INFORMATION

Patient Name (First/MI/Last) ____________________ Patient DOB ____________

Preferred Phone # ____________________ Alternate Phone # ____________________

REFERRING PROVIDER INFORMATION

Referring Provider ____

Office Contact ____________________ Phone # ____________________

Fax # ____________________ Email ____________________

REASON FOR REFERRAL

Priority: ☐ Routine ☐ Medically Urgent

Reason for referral, ICD-10 (if available) and comments. If medically urgent, please describe:

DOCUMENTS REQUESTED

Patient needs to bring films and reports with them to appointment.

✓ Relevant medical records and notes ✓ Copy of insurance card (front and back) and HMO authorization if required

TO SUBMIT THIS FORM

Fax form and requested documents to 713.798.8225 or send via encrypted email to spinecenter@bcm.edu. When received a representative from the Baylor Medicine Spine Center will contact your patient directly to schedule an appointment.

INSURANCE

Visit baylormedicine.org/insurance for an up-to-date list of accepted medical insurance plans.

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