2020 8th Ave., #200
West Linn, OR 97068
503- 512-1212

willamette PAIN & SPINE

10001 SE Sunnyside Rd. #100
Clackamas, OR 97015
503-512-1212

REFERRAL REQUEST FORM

Referring Physician:			Today's date:	
PATIENT INFORMATION				
Patient Name: Last First Middle			Date of Birth:	PCP:
Address:		Social Security #:		Home phone:
City:	State:		Zip:	Other Phone:

Is the pain related to a work injury? □ **Yes** □ **No** **If yes, Date of Injury:**_____

Accepted Dx: _____

Is the pain related to a MVA: □ **Yes** □ **No** **If yes, Date of Injury:**_____

INSURANCE COVERAGE (OR attach copy of insurance card(s))			
Primary Insurance:	Phone:		
Billing Address, City, State, Zip:	ID #:		Group #:
Subscriber Name: Last First Middle	Sex: ❑ M ❑ F	Date of Birth:	Relationship to Patient:
Secondary Insurance:	Phone:		
Billing Address, City, State, Zip:	ID #:		Group #:
Subscriber Name: Last First Middle	Sex: ❑ M ❑ F	Date of Birth:	Relationship to Patient:

PAIN MANAGEMENT/CONSULTATION REQUEST:

□ **Dr. Gregory Gullo** □ **Dr. Matthew McGehee** □ **No preference**

□ Consultation Only □ Consultation + Treatment □ Procedure Only

Other Services:

□ Ray Tatyrek, Ph.D.

Please include the following items and fax to: 503-512-1220

- **Patients Demographics**
- **Recent Chart Notes, Diagnostic Imaging & Lab reports**
- **Work Comp or MVA Billing Information (if applicable)**