

Comprehensive Neurosurgical Consultants

Dr. Daniel Rohrer
Physician and Surgeon

Specializing in Cranial Surgery, Minimally Invasive
Neuroendoscopic and Spine Surgery, Peripheral Nerve Surgery

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Referral Form: This form is intended to assure prompt communication with requesting providers. For urgent appointment scheduling, please also call our office.

Date: _____

Patient Name: _____ DOB: _____

Patient Phone Number: _____

Insurance Carrier: _____

Insurance ID#: _____ Insurance Group # _____

Referring Physician: _____ Phone Number: _____

Reason for Referral (Diagnosis/Chief Complaint): _____

Date of MRI or CT scan (must be within 6 months): _____

Imaging Facility: _____

Urgency:

- STAT – within 48hrs
- Within 1-2 Weeks
- Next Available

Additional Notes/Comments: _____

We sincerely appreciate this and every referral to our office. Please feel free to contact us with any questions, concerns or recommendations on how we might enhance your patient's experience. We look forward to working with you.

Please only include recent spine related chart notes, imaging reports, medication and allergy lists.

Thank you!