

Patient Referral Form

Evaluation & Treatment Appointments

ATTACH: Medical records, radiology reports, and most recent office notes related to pain

fax: 763-537-6666
referral@nuraclinics.com

Procedure-Only Appointments

ATTACH: Order, clinic notes, MRI and/or other imaging, and patient demographic information

fax: 763-767-7193
dlpriorauth@nuraclinics.com

PATIENT INFORMATION

Name _____ Date of birth _____
PATIENT FIRST PATIENT LAST MM/DD/YYYY

Patient cell phone _____ Patient alternative phone _____

Patient email address _____

REFERRING PROVIDER INFORMATION

Name _____ Cell phone _____
PROVIDER FIRST PROVIDER LAST

Email _____ Fax _____

Clinic/Hospital _____ Clinic phone _____

ADDRESS

CITY/STATE/ZIP

PLAN OF CARE

Reason for referral (provide short description of pain issue)

Evaluate and treat as necessary Order procedure (indicate procedure to be performed below) Other (detail below)

Follow up reports should be delivered: As needed Every visit Other _____

Communicate plan of care back via: Email Phone Mail Fax

Send patient back to your clinic/hospital for: (e.g. physical therapy, medication management, etc.)

PROVIDER HOTLINE

If you have any questions about referring to Nura, please call our Provider Hotline at 763-537-1000 (Monday - Friday, 8am - 5pm).