

Richard S. Polin MD

Board Certified in Neurological Surgery



POLIN NEUROSURGERY

Referral Form

Thank you for entrusting Polin Neurosurgery with your patients. Please fill out the form below and fax it to 503-666-3434. We will contact your patient directly to schedule an appointment within 24 hours. For urgent appointment scheduling, please also call our office at (503) 666-8149.

Date _____

Patient Name _____ DOB _____

Patient Gender Male Female

Patient Contact _____

Patient Insurance _____

Policy number _____ Group number _____

Referring Physician _____

Referring Physician Phone _____ Email _____

Reason for referral _____

URGENCY: immediate 24-72 hours 1-2 weeks Next available

IMAGING: MRI CT X-Ray Discogram Bone Scan

Please fax any records, reports, or test results which are pertinent to this referral

Records Faxed No Records Faxed

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