



# ANDREAS TOMAC MD, PHD, FAANS

Board Certified Neurosurgical Surgeon,  
Triple-Trained Brain Surgeon, Complex Spine Surgeon and Neuroscientist

## REFERRAL FORM

WHEN FAXING TO THE OFFICE PLEASE MAKE SURE TO INCLUDE THE PATIENT DEMOGRAPHICS, INSURANCE INFORMATION AND RECENT NOTES. **FAX: (866) 611-2922**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_ ZIP: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Office#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Email: \_\_\_\_\_

### CONSULTATION:

Neck/Arm Pain  
Back/Leg Pain  
Spinal Deformity  
Brain Tumor  
Herniated Disc  
Sciatica  
Stenosis  
Spondylolisthesis  
Spondylosis  
Vertebral Compression Fracture

### DIAGNOSTICS & SERVICES:

Epidural Steroid Injections (ESIs)  
Facet Injections (MBBs)  
Radiofrequency Denervation of Facet Joints (RFAs)  
SI-Joint Injections  
Spinal Cord Stimulator Trial and Placement (SCS)  
Kyphoplasty/Vertebroplasty  
Artificial Cervical Disc Replacement (ADR)  
Minimally Invasive Surgery  
Degenerative/Deformity Corrective Surgeries  
Brain Tumor Treatments

### PREREQUISITE THERAPIES COMPLETED:

NSAIDs  
Analgesics  
Antispasmodics  
Steroid Injections  
Physical Therapy

Physical Therapy Ordered by  
Referring Provider

### REQUIRED PREREQUISITE STUDIES COMPLETED:

Radiographic Exams: (**within** 6 months of referral)  
MRI  
X-rays with Flexion and Extension  
EMG Bilateral Extremities

New MRI Ordered by Referring Provider