



The Summit Spine Institute

J. Rafe Sales MD PC – Physician and Surgeon

Specializing in Minimally Invasive Spine Care

Phone (503) 546-3503 Fax (503) 546-3507

www.summitspinesurgery.com

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: _____

Insurance Carrier: _____

Insurance ID#: _____ Insurance Group # _____

Referring Physician: _____

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

Preferred Provider: [] J. Rafe Sales MD [] Next Available Provider

Additional Notes/Comments: _____

Preferred Office Location: [] No Preference / Next Available

[] Providence St Vincent – East Pavilion
9155 SW Barnes Road, Ste 210
Portland OR 97225

[] Sports Medicine Oregon - Tigard
7300 SW Childs Way, Ste B
Tigard OR 97224

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.