



Northern Light
Health

Spine Surgery Consultation Request

Mercy Hospital
Northern Light Spine Surgery
195 Fore River Parkway
Suite 440
Portland, ME 04102

Office 207.553.6054
Fax 207.553.6076
Pre-Registration 207.879.3860

Patient Name: _____ Date of Birth: _____

Diagnosis requiring spine surgery consultation:

The following information is required to render the best care to your patient. Please attach:

- Patient demographics including social security number
- Copy of the front and back of the patient's insurance card, or insurance information
- **Clinical notes** concerning the problem requiring consultation including history of present illness and examination findings
- **Pertinent imaging reports**, required (MRI, CT, X-Rays, etc.)
- Other pertinent diagnostic testing
- Reports of all previous consultations/procedures/treatments relating to this diagnosis
- Current problem list
- Current medication list
- Primary care provider name, if different
- Contact information for your office including telephone/fax/and mailing address

Anything else that you feel will be needed to render the best care to your patient.

Once all of the above information is received, we will do our best to act on your request within two business days. We will contact you if we need any further information. Thank you for helping us provide the best in spine surgery care for your patient.

The Maine Spine Surgery Team