



A DIVISION OF NORTHWEST SPECIALTY HOSPITAL
PROUDLY OWNED AND OPERATED BY PHYSICIANS

Contact:
Phone: 208.457.4208
Fax: 208.457.4197

Locations:
7600 N Mineral Dr., Suite 450, Coeur d'Alene, ID 83815
1641 E Polston Ave., Suite 101, Post Falls, ID 83854

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Patient Information:

Name: _____
Date of Birth: _____ Age: _____ Sex: M / F
Address: _____
Phone Number: _____

Referral for:

- Surgical Consultation
- Care Pathway to be determined by Axis Spine Center
- Interventional Pain
- Chiropractic

Please be sure to include:

- Complete Demographics
 - Insurance Authorization (If required by insurance provider)
 - Chart Notes
- * Failure to attach these items will delay patient scheduling.*

Special Instructions / Notes: _____

Referring Practitioner Name: _____
Date: _____ Signature: _____

THANK YOU FOR YOUR REFERRALS.

Need More Forms?

HOW TO ORDER



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208.457.4208



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MAIL

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