

Thank you very much for your referral! **Please have patient contact office directly at 919. 668.6760 TWO days after sending records to receive appointment.** Dr. Bagley sees patients at the Duke Clinic on Wednesdays and Duke Raleigh on Thursdays. Please fill out this form completely and fax back to 919.668.1221. **ALSO INCLUDE MRI, CT, OR MYELOGRAM REPORTS WITHIN LAST (6) SIX MONTHS, ANY PREVIOUS OPERATIVE REPORTS AND CURRENT MEDICATION LIST. REFERRAL WILL NOT BE PROCESSED OTHERWISE.** Patients must have insurance. **WE DO NOT PRESCRIBE PAIN MEDICATION TO NON-SURGICAL PATIENTS. We also do not accept Workman's Compensation patients.**

New Patient Referral Form

Patient Name _____

DOB _____ SS#: _____

Address _____

Home Phone _____

Cell Phone _____

Referring MD _____

Address _____

Phone _____ Fax#: _____

Diagnosis _____

Primary Insurance _____ Phone#: _____

Policy#: _____ Group#: _____

Secondary Insurance _____ Phone#: _____

Policy#: _____ Group#: _____

Referral Coordinator: _____ Phone #: _____

Fax#: _____

Appointments will be mailed with date, time, locations and driving directions if the patient does not call to schedule. Please inform ALL patients they will need to bring the actual CD or Films if they are scheduled to see Dr. Bagley! Appointments will be cancelled if required information is unavailable at time of clinic visit.
