

# Intrathecal Baclofen Pump Referral



10750 W. Howard Avenue  
Greenfield, WI 53228  
Phone: (414) 460-3195  
Fax: (414) 763-0063  
www.cndmilwaukee.com

Patient Information		
Patient Name:		Patient DOB:
Service Requested (please check box on left):		
<input type="checkbox"/> New consult for possible treatment with Intrathecal Baclofen (ITB) Therapy <input type="checkbox"/> Existing ITB pump, transition from pediatric to adult program <input type="checkbox"/> Existing ITB pump, adult patient		
Primary Diagnosis:		
<input type="checkbox"/> Stroke <input type="checkbox"/> ABI <input type="checkbox"/> MS <input type="checkbox"/> CP <input type="checkbox"/> SCI <input type="checkbox"/> Other:		
Antispasticity Medication/Treatments Previously Tried		
<input type="checkbox"/> Botox	<input type="checkbox"/> Benzodiazepine	
<input type="checkbox"/> Baclofen	<input type="checkbox"/> Tizanidine (Zanaflex)	
<input type="checkbox"/> Dantrolene	<input type="checkbox"/> Splint	
<input type="checkbox"/> Brace	<input type="checkbox"/> Other:	
<input type="checkbox"/> Casting		
Supporting Documentation		
<input type="checkbox"/> Patient demographics	<input type="checkbox"/> Clinical/Progress notes	
<input type="checkbox"/> Copy of patient insurance card(s) – front & back	<input type="checkbox"/> Current Medication and Allergy List	
<input type="checkbox"/> For existing ITB patients, please attach details surgery, pump history, and current pump information		
Notes (Additional Info)		
Referring Provider Information		
Referring Provider Name:		NPI #:
Office Contact:	Office Phone:	Office Fax:
Referring Provider Signature:		Date: <small>(Referral valid for 180 days)</small>
<p>My signature for this referral also confirms that the treatment(s) indicated on this referral is/are medically necessary. I authorize Gamma Therapeutic Center/ Center for Neurological Disorders, S. C. and its representatives to act as an agent of mine to initiate and execute the patient's insurance prior authorization process and to provide infusion-related nursing services and supplies in conjunction with the therapy prescribed above.</p>		
Notify patient we will contact the patient and schedule their treatment once our benefit investigation and any prior authorizations have been completed.		

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