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## Referral request form

*Please Complete All Information in Print*

Lubbock office       Plainview office

### **Patient Information (Please Print):**

First name \_\_\_\_\_ Middle \_\_\_\_\_ Last name \_\_\_\_\_ DOB: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Diagnosis / Reason for referral \_\_\_\_\_

Patient's insurance\*\* \_\_\_\_\_

### **Referring provider:**

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Contact name within provider's office \_\_\_\_\_ Date of referral \_\_\_\_\_

**\*\*We accept most insurances including Workers' Compensation.**

**We do not accept BCBS HMO Blue Advantage, UMC Team Choice, Molina Medicaid, Motor Vehicle Accidents. Medicaid and Workers' Compensation referrals have to be reviewed by Dr. Nesterenko.**

*There is no "recent imaging" requirement for new patients, but in order to expedite scheduling we need the following:*

- the most recent clinic note*
- completed new patient questionnaire (can be downloaded from drnesterenko.com ⇒ For Patients)*
- previous studies (**both** discs with images and radiology reports)*

Thank you for the opportunity to assist in the care of your patients!