



bellingham  
Spine Pain Specialists

## Referral to Way Yin, MD for Chronic Pain Management

Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

Referring Physician : \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_-\_\_\_\_-\_\_\_\_

Diagnosis/Chief Complaint: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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For referring MD admin staff:

Insurance:

- |                                                 |                                       |                                       |                                    |
|-------------------------------------------------|---------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Regence Blue Shield    | <input type="checkbox"/> HCMA         | <input type="checkbox"/> Group Health | <input type="checkbox"/> L&I       |
| <input type="checkbox"/> Integrated Health Plan | <input type="checkbox"/> First Choice | <input type="checkbox"/> Medicare     | <input type="checkbox"/> Multiplan |
| <input type="checkbox"/> Other: _____           |                                       |                                       |                                    |

- Work injury, please include claim number and claim manager name:  
 Auto accident, please include auto insurance and attorney name.

Please forward patient demographic and insurance information as well as pertinent clinical records:

By Mail:  
Way Yin, MD  
2075 Barkley Blvd. Suite 110  
Bellingham, WA 98226

By Fax:  
360•527•8115

*If more than 25 pages, please mail rather than fax.*

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Dr. Yin will review records upon receipt and our staff will contact the patient directly regarding appointments. Dr. Yin will keep you up to date regarding your patients care.

Thank you for your referral.