mileham psychiatric services

Provider Referral Request Form for SPRAVATO		
Referring To: Mileham Psychiatric Services	**Phone:** 316-779-3873	**Fax:** 316-425-5558
Practice Address 1660 N. Tyler Rd. Ste A., Wichita, KS 67212 **E-mail:** destiney@mileham-psychiatric.com		
Referring Provider's Name:	**Phone:**	**Fax:**
Patient Information		
Patient Full Legal Name:	**Date of Birth:**	**Age:**
Patient Address:	**Patient Phone:**	**Patient E-mail:**
Clinical Questions		
1. **Reason for Referral (Clinical Question):** 2. **Current antidepressant:** 3. **Antidepressants tried and failed:** 4. **ICD-10:**		
Insurance Information		
Company:	**Policy Number:**	**Group Number:**
Please fax or e-mail this form along with medication list, allergy list, relevant clinical notes, and a copy of the patient's insurance and pharmacy cards to 316-425-5558 or destiney@mileham-psychiatric.com		