To Whom it May Concern:

Thank you for choosing the University of Iowa Work Injury Recovery Center to provide care. Please note the following referral types and requirements for each type of referral. If you want the provider to address causation, that box must be checked on the referral form.

**EVALUATE AND TREAT:** This is a request for a provider to evaluate the patient and provide treatment/assume care.

**CONSULT ONLY:** This is a one-time visit with a provider for evaluation and treatment recommendations only. No doctor’s orders will be provided. Work status will not be addressed. No return appointments will be scheduled. The provider will not assume care of the patient.

**CONSULT WITH OPTION TO TREAT**: This would be same as Consult Only, except provider may decide to assume care, based on exam findings.

**2nd OPINION:** This is a one-time visit with a provider for evaluation, treatment recommendations, and opinion on treatment patient has already received to date. No orders will be provided. Work status will not be addressed. No return appointments will be scheduled (unless provider agrees to assume care, on a case-by-case basis, after the initial evaluation). This type of referral requires a letter of questions that the referring entity wants answered.

**INDEPENDENT MEDICAL EXAM (IME):** This is a one-time visit with a provider for a thorough evaluation of all medical records, evaluation of the patient, recommendations for treatment, and opinion on treatment patient has received to date. This type of referral requires a letter of questions the referring entity wants answered and prepayment.

**PPI ONLY:** This is a one-time visit with a provider for the purpose of an impairment rating only.

**ALL REFERRALS MUST INCLUDE:**

[ ]  First Report of Injury or other documentation of date of injury, body part affected, mechanism of injury.

[ ]  Initial Evaluation Note/Emergency Dept Note.

[ ]  All Clinic Notes since date of injury.

[ ]  All Imaging-Images and Reports.

[ ]  All Operative Reports.

[ ]  All second opinion and IME’s require letter with questions to be addressed.

[ ]  Job Description.

[ ]  All records of previous treatment to same body part, even if previous injury/surgery was not work-related.

**ADDITIONAL INFORMATION:**

**No additional records, imaging, reports, etc. will be considered after the referral has been accepted by a provider. In addition, no changes to questions/letters will be allowed after the referral has been accepted by a provider.**

**Our providers all prefer University of Iowa Radiology for imaging, unless otherwise specified or agreed upon in advance. Please note, our surgeons also use specific braces, slings, cooling units, and other durable medical equipment. This is not negotiable.**

**Interpreter must be provided by referring entity for all appointments. If interpreter is not present, appointment will be cancelled. Work comp carrier should make every effort to provide an in-person 3rd party interpreter; a family member or friend can only be used in urgent situations.**