



New Patient Referral

Please **FAX** to the following numbers for the clinic requested.

Athens, OH	740-593-7481	Garfield	304-917-3651	Pt. Pleasant	304-857-6547
At. Performance	304-422-1176	Leesport, PA	610-926-7200	Ripley	304-372-5764
Bridgeport	304-848-6016	Mineral Wells	304-489-8191	St. Clairsville, OH	740-296-5320
Chatham, VA	434-432-0062	New Martinsville	304-447-6779	Wellsburg	304-737-0581
Ellenboro	304-869-3444	Ocala, FL	352-512-0826	Wheeling	304-230-5603
Elm Grove	304-905-1351	Parkersburg	304-865-7400	Vienna	304-865-6780

If having trouble faxing to one of the numbers above, please **FAX** to **304-917-3721**

Referring Physician

Name _____
Address _____
Contact Person _____
Phone _____
Fax _____
NPI # _____

Patient

Name _____
Address _____
Phone _____
Cell _____
Birth Date _____
SSN _____

Diagnosis (Please include a prescription for physical therapy)

DX Code _____
Other Comments _____

Insurance (Please include a copy of current insurance card)

Insurance Company Name _____
Cardholder Name _____
Policy # _____

Auto Accident? Yes No

Date of Injury _____
Claim # _____
Claim Manager _____
Approved DX _____

Workers Comp? Yes No

Physician Signature

X _____
Date _____