@excelpainandspine

EXCEL PAIN AND SPINE

CONTACT US

Phone: (813) 701-5804 Fax: (813) 291-7615
Email: hello@excelpainandspine.com

OUR PROVIDERS:

Dr. Arpit Patel
Dr. Navdeep Jassal
Dr. Corey Reeves
Dr. Neal Shah
Dr. Athanasios Tzaras
Dr. Laura Grimsich

REFERRAL FORM

PERSONAL INFORMATION

Full Name :
(PLEASE USE CAPITAL)

Date of Birth : D D M M Y Y **Phone Number** :

Address :

Primary Care Provider :

Primary Insurance :

Secondary Insurance :

Is the patient being cared for an auto or worker's compensation injury? ☐ **Yes** ☐ **No**

Name of Case Manager/Attorney :

Phone Number :

Claim Number :

*** *Please include copy of front and back of patient's insurance card(s)*

Referring Provider :

Phone Number : **Fax Number** :

Diagnosis :

Reason for consult :

Signature

Date : D D M M Y Y

Please ***FAX*** *this completed form to the fax number listed above, along with:*

- ☐ *Copy of Insurance cards*
- ☐ *Copy of 2-3 of the most recent office visits*
- ☐ *Copies of any x-rays & written impressions/MRI/CT and physical therapy notes*