Phone: 954-342-6771 Fax: 954-342-6774

REFERRAL FORM

Surgeon:________________________ Date of Surgery:________________________

Procedure:

ICD10:________________________ CPT:________________________

Patient Information/Medical History

Patient Name:________________________ DOB:__________ Age:__________

Phone:______________ Street Address:________________________ Bldg/Apt #: ________

City:________________________ State:__________ Zip:__________

SS#:______________ Sex:______ Race:__________ Ethnicity:______________ BMI:________

Allergies / Reactions ❑ NKA: ________________________

Past Medical Hx: ________________________

Past Surgical Hx: ________________________

Emergency Information

Emergency Contact:______________ Relationship:______________ Phone: ______________

Type of Claim (please check one)

❑ PIP: Insurance company:________________________ Claim #:______________

Carrier: ________________________

❑ LOP (when PIP benefits are exhausted) ❑ Slip & Fall ❑ WC ❑Other: ______________

Attorney Information

Paralegal:________________________ Firm:________________________

Attorney:________________________ Phone:________________________

Address:________________________

DOI:__________ Type of Injury:________________________ Prior Injuries:______________

Pre Operatory Order

❑ History & Physical (when you need a REPORT)

❑ LABS: ( )CBC ( )CMP ( )A1C ( )PT-with INR ( )PTT ( )UA with culture ( )HCG ( )Other: __________

❑ ( )EKG ( )Chest X-Ray ( )Chest CT ( )X-Ray:______________ Views: ______________

❑ Cardiac Clearance

❑ Pulmonary Clearance

❑ Hematology Clearance

❑ Endocrinologist Clearance

❑ Neurologist Clearance

❑ Nephrologist Clearance

❑ Other: ________________________

Physician Signature

Location

☐ **Kendall**
9570 SW 107th Ave, Suite 102C
Miami, FL 33176

☐ **North Miami**
1011 Ives Dairy Rd., Suite 107
Miami, FL 33179

☐ **Hallandale**
815 SE 1st Ave., Suite A
Hallandale, FL 33009

☐ **Plantation**
4101 NW 3rd Ct,. Suite 17
Plantation, FL 33317

Please send us the following information *(if available)* to help expedite clearance!

- Medical history (previous/current condition)
- Current medications (if any)
- Previous lab results (if any)
- MRI report