



A Brighter Future With Less Pain
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Interventional Techniques
Pain Management
Early Physical Rehabilitation and Strengthening
Caring for Patients in Kern County Since 1992

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REFERRAL FORM

REFERRING PHYSICIAN _____
DATE _____
URGENT _____ YES _____ NO _____
PATIENT NAME _____
DATE OF BIRTH _____
PATIENT PHONE # _____
PATIENT ADDRESS _____
TYPE OF VISIT _____
DIAGNOSIS _____
FOR _____
INSURANCE
PRIMARY _____
SECONDARY _____

PLEASE FAX A COPY OF PATIENTS INSURANCE CARD FRONT AND BACK, ANY MRI,CT,OR X-RAY REPORTS, LAST FEW FOLLOW UP NOTES, MEDICATION LIST AND ANY OTHER INFORMATION PERTAINING TO THIS REFERRAL. THANK YOU.