SILLECT ORTHOPEDIC GROUP

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Bakersfield, CA 93301
Office: 661-326-1576
Fax: 661-326-1598

1526 S. Mooney Blvd.
Visalia, CA 93277
Office: 559-802-5342
Fax: 661-578-6597

2901 Sillect Ave. Ste 201
Bakersfield, CA 93308
Office: 661-327-2101
Fax: 559-412-7317

Tax ID: 82-3307207 NPI: 1760994354

NEW REFERRAL FORM

Today's Date: _____

Referral From: _____
Address/Phone: _____
Fax: _____

Service Requested (please circle all that apply):

☐ Primary Care (PTP) ☐ Secondary Care ☐ Consult Only ☐ Consult & treatment
☐ Orthopedic Surgeon ☐ Plastic/Reconstructive/General & Wound Specialist
☐ Pain Management Specialist ☐ Neurosurgeon ☐ Chiropractic ☐ Acupuncture

Type of referral: ***(Please circle one)*** ☐ ***Workers Comp*** ☐ ***Personal Injury*** ☐ ***Private Insurance***

Please attach the following for Workers Comp:
☐Claim form
☐4600 letter
☐Medical records

****Is the patient English speaking?*** ☐ ***yes*** ☐ ***no***

Patient's Name _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____ Social Security: _____

Employer: _____ Phone : _____
Address: _____ City: _____ State: _____ Zip: _____

Insurance: _____
Date of Injury: _____ ADJ: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Adjuster Name: _____ Claim Number: _____
Phone: _____ Fax: _____

Applicant Attorney: _____
Address: _____
Phone: _____ Fax: _____ Contact Name: _____

Body parts to be treated: _____

Has authorization been obtained? If yes, please attach authorization with referral. Thank you.

FOR OFFICE USE ONLY

Appointment Date: _____ **Time:** _____ **Physician:** _____

Comments: _____