

READY TO SEND A REFERRAL

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- 13988 Diplomat Drive, Suite 100, **Farmers Branch**, TX 75234.
- 2700 W Pleasant Run Rd Ste 340., **Lancaster**, TX 75146.
- 3600 W 7th Street, Suite A, **Fort Worth**, TX 76107.
- 802 W Lampasas Street, **Ennis**, TX 75119.
- 4311 Andrews Highway, **Midland**, TX 79703.
- 6101 Windhaven Pkwy, Suite 145, **Plano**, TX 75093.
- 117 Jane Lane, **Hillsboro**, TX 76645.
- 6407 S Cooper St #117, **Arlington**, TX 76001.
- 3003, Fannin Street, **Houston**, TX 77004

PAIN MANAGEMENT

PERSONAL INJURY

WORKPLACE INJURY

ORTHOPEDICS

NEUROLOGY/NEUROSURGERY

VASCULAR SURGERY

ENDOCRINOLOGY

PULMONOLOGY

WOUND CARE

HAND SPECIALISTS

PATIENT INFORMATION

Date: _____

Patient's Name: _____

Patient DOB: _____

Patient's Phone: _____

Patient's Email: _____

- MVA**
 WC
 INSURANCE
 OTHER

REFERRING PHYSICIAN INFORMATION

Doctor Name : _____

Doctor Phone : _____

Doctor Add. : _____

CHECKLIST

- | | | | |
|--|---|---|-----------------------|
| <input type="radio"/> <i>Orthopedic Consult</i> | <input type="radio"/> <i>Podiatrist Consult</i> | <input type="radio"/> <i>Telemedicine Pain</i> | <i>Others : _____</i> |
| <input type="radio"/> <i>Neurologist Consult</i> | <input type="radio"/> <i>Vascular Consult</i> | <input type="radio"/> <i>Telemedicine Ortho</i> | |
| <input type="radio"/> <i>Neuro-spine Consult</i> | <input type="radio"/> <i>Cardiologist Consult</i> | <input type="radio"/> <i>Telemedicine Neuro</i> | |
| <input type="radio"/> <i>Psychiatry Consult</i> | <input type="radio"/> <i>Neurosurgeon Consult</i> | <input type="radio"/> <i>IV Therapy</i> | |

DIAGNOSIS

PLEASE CONTACT ME IF YOU NEED IMMEDIATE ASSISTANCE