Patriots Point
CHIROPRACTIC & PHYSICAL THERAPY

907 Houston Northcutt Blvd
Mount Pleasant, SC 29464
Phone: (843) 856-0351
Fax: (843) 856-0354

Referral Form

Fax this form to (843) 856-0354 to request a referral

To obtain an appointment for your patient, please complete the first two sections below. We will contact the patient to schedule their appointment, and fax you back their scheduled time for your records. Please include any office notes, or imaging reports that pertain to the patients diagnosis.

1. Requesting Provider Information:

Todays Date: _____ Phone:

Practice Name: Fax:

Referring Physician: Prepared by:

2. Patient Information:

Name: _____

DOB: Male: Female:

Address:

Patient Phone #:

Diagnosis/Complaint:

Ins Co - Primary: ID/Subscriber #:

Ins Co - Secondary: ID/Subscriber #:

Requesting Referral for:(Choose all that apply)

Evaluate & Treat

Chiropractic Evaluation & Treatment

Physical Therapy Evaluation & Treatment

Class IV Therapeutic Laser Therapy

Other:

Comments/Notes:

Appointment Scheduled: Date: _____ Time: _____

www.ppcandpt.com