

**Physician Referral Request**

Dear Dr. Teitel / Dr. Lin (please circle):

Patient Name: \_\_\_\_\_ d/o/b: \_\_\_\_\_

Address: \_\_\_\_\_

Home Number: \_\_ (\_\_\_\_) \_\_\_\_\_

Cell/Work Number: \_\_ (\_\_\_\_) \_\_\_\_\_

Insurance: \_\_\_\_\_

Authorization #: \_\_\_\_\_ eff. dates: \_\_\_\_\_

Needs to be seen: *Immediately*      *2 days*      *1 week*      *other*

For:      *Evaluation*      *Treatment*      *2<sup>nd</sup> opinion*      *other*

Comments: \_\_\_\_\_

Please evaluate and treat for \_\_\_\_\_

Please communicate via:      *Fax*      *Mail*      *Phone*

Referred by: \_\_\_\_\_

Contact info: \_\_\_\_\_

Phone: \_\_\_\_\_ fax: \_\_\_\_\_

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**PLEASE CIRCLE DESIRED OFFICE**