Please FAX this form to: **(480)344-1626**
To Schedule, call: **(480)325-3801**

☐ 6309 E. Baywood Ave.
Mesa, AZ 85206

☐ 2730 S. Val Vista,
Bldg. 5, Suite 127
Gilbert, AZ 85295

Patients Name: ______________ **DOB:** __________ **Phone:** ______________

Primary Ins. __________ Secondary Ins: ______________

Referring Diagnosis (es): ______________

PLEASE INCLUDE: ALL REFERRAL / AUTHORIZATIONS AS NEEDED, COPY OF INSURANCE CARDS, CHART NOTES, RADIOLOGY REPORT(S) AND MEDICATION LIST.

Referring Physician: ______________
Phone: ______________ Fax: ______________

BOARD CERTIFIED PHYSICIANS

Medical Treatment:
Schedule Exam with

_____ First Available
_____ Eric Boyd
_____ James Chien, MD
_____ Spencer Heaton, MD
_____ Richard Ruskin, MD

Physical Medicine
_____ Hannah Cho, MD

Evaluate and Treat:
(Check appropriate spaces to the right when ordering services)

_____ Neck
_____ Shoulder
_____ Lower Back
_____ Upper Back
_____ Headache
_____ Hip
_____ Knee
_____ Ankle
_____ Medication Management
_____ Other
____
____

EMG/NCS

Reason for Test: **Please Circle:**

Numbness/Tingling   Arm
Weakness   Leg Pain

Please Circle:

Right   Left   Bilateral
Upper Limb   Lower Limb

Fax written report to:
Call verbal
preliminary report to:

Rule Out: Carpal Tunnel Syndrome
Ulnar neuropathy
Cervical Radiculopathy
Brachial Plexopathy
Lumbosacral radiculopathy
Lumbosacral Plexopathy
Peripheral neuropathy

Rehabilitation Services: Fax 480-344-1613 Scheduling 480-352-3801 ext. 141
(Mesa Location Only) Check appropriate spaces below when ordering services:

_____ OT/PT Evaluation
_____ OT/PT Evaluation & Treatment
_____ Behavioral Health Evaluation
_____ Behavioral Health Evaluation & Treatment

Therapeutic Methods:

_____ Aquatic Therapy
_____ Therapeutic Exercise
_____ Lymphedema Reduction
_____ Spinal & Joint Stabilization
_____ Fibromyalgia Self Help Class

PATIENTS: PLEASE SEE MAP AND INSTRUCTIONS ON BACK

Physician Signature ______________ Date ______________