



Workers' Compensation

Direct Line (602) 443-4160 | FAX (480) 962-0590

Requested Appointment Information

Date _____

Provider _____

Office Location

Tempe	Glendale	Scottsdale
Gilbert	Show Low	Prescott

For Internal Use Only

Confirmed Appointment _____

Verified by _____ Spoke with _____

Note: Records must be faxed to our office no later than 48 hours prior to appointment. If records are not received, appointment may be rescheduled until records are received.

Patient Information

Name _____ DOB _____

Address _____

City | State | Zip _____

Phone _____ SSN _____

Preferred Language English Spanish

Employer Information

Employer _____

Contact _____ Phone _____

Insurance Information

Carrier _____

Address _____

City | State | Zip _____

Claim # _____

DOI _____

State of Injury _____

Adjuster _____

Phone _____

Fax _____

Body Part _____

Authorized by _____

Do we contact this person for Authorization?

Medical Information

Please check what you are sending:

All medical reports | records faxed

Xrays (please hand carry with you if possible)

Workers' Compensation Adjuster

Adjuster Name _____

Fax _____

Email _____

Fax Records?

Referral Source

MD or DO _____

Fax _____

Phone _____

Clinic Name _____

Address _____

City | State | Zip _____

Fax Records?

Nurse Case Manager

Name _____

Fax _____

Phone _____

Email _____

Fax Records?

Physical Therapy Referral

Name _____

Fax _____

Phone _____

Email _____

Diagnostics Referral

Name _____

Fax _____

Phone _____

Email _____

Service Authorized

Consult | Xrays only

Consult | Treat

Second Opinion

APPOINTMENTS WILL BE SEEN WITHIN 24 HOURS

AND IN SOME CASES THE SAME DAY