

VIP SPINE

VEGAS INJURY PAIN & SPINE

ADDRESS: 7455 W Azure Dr Ste 140

Las Vegas, NV 89130

Phone: (702)765-4222

FAX: (702)718-6652

NEW PATIENT REFERRAL

PATIENT INFORMATION & REASON FOR REFERRAL			
<input type="checkbox"/> Personal Injury		<input type="checkbox"/> Insurance	
<input type="checkbox"/> Cash			
Patient Name:			
Patient phone number:		Date of Birth:	
Reason for Referral:			
Preferred Language:			
<input type="checkbox"/> English		<input type="checkbox"/> Spanish	
<input type="checkbox"/> Other: _____			
REFERRING PROVIDER INFORMATION			
Provider Name:		Company:	
Phone #:		Fax:	
Images/labs/tests obtained?			
Patient insurance (if applicable):			
ATTORNEY INFORMATION (IF APPLICABLE)			
Attorney Firm:		Attorney Name:	
Case Manager:		Firm phone:	
Preferred Means of Communication (optional):			
<input type="checkbox"/> Phone		<input type="checkbox"/> Email	
<input type="checkbox"/> Portal		<input type="checkbox"/> Fax	

Please send this form along with any available medical records
(Medical visits, MRI, X-Rays, ER visits, etc.)
scheduling@vip-spine.com Fax: 702-718-6652