VIP SPINE

VEGAS INJURY PAIN & SPINE

7455 W Azure Dr. Ste 140
Las Vegas, NV 89130

Phone: 702.765.4222
referral@vip-spine.com

PATIENT REFERRAL

PERSONAL INFORMATION & REASON FOR REFERRAL

☐ Personal Injury	☐ Insurance	☐ Cash
Patient Name:		
Patient Phone:	Date of Birth:	
Reason for Referral:		
Preferred Language: ☐ English ☐ Spanish ☐ Other:		
Attorney Name:	Attorney Phone:	
Case Manager:	Date of Injury:	

REFERRING PROVIDER INFORMATION

Referring Provider:	
Phone:	Fax:
Images/Labs/Tests Obtained (please list):	
Patient Insurance (if applicable):	

Please send completed form along with any available medical records:
(clinic visits, MRI, X-rays, ER visits, etc.)

Email: referral@vip-spine.com
Fax: 702.718.6652

DR. RODNEY SMITH