



# INDEPENDENCE BACK INSTITUTE

2800 ASHTON DRIVE  
WILMINGTON, NC 28412  
(910) 794-8892  
(910) 794-8895 FAX

SEACOAST MEDICAL CENTER  
4000 HWY 9 E., STE. 210  
LITTLE RIVER, SC 29566  
(843) 390-2586  
(910) 794-8895 FAX

## Referral Form

Patient's Name \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Referring Physician \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Referral Made By \_\_\_\_\_

Type of Insurance \_\_\_\_\_

Policy Number \_\_\_\_\_ Policy Holder \_\_\_\_\_

Worker's Comp Claim # \_\_\_\_\_

Date of Injury \_\_\_\_\_

Case Manager's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

Adjuster's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

### Reason for Referral:

- Back Pain
- Neck Pain
- Spasticity
- Pain Management
- Outpatient Rehabilitation
- EMG, Nerve Conduction Study, please specify below:  
(Left or Right upper extremity, Left or Right lower extremity, Carpal Tunnel Screen, Radiculopathy, Peripheral Neuropathy)
- Injections, please include copy of demographics; MRI or CT Report if available, last office note:  
(SI, Epidural, Facet, Nerve Block, Transforaminal, Translaminar)
- Radiofrequency Lesioning
- Other (Include below)  
Diagnosis: \_\_\_\_\_

John Liguori, M.D.    Barbara McDonald, M.D.    Ben Wall, M.D.    Patrick Boylan, M.D.    Angela Thomas, M.D.

Please fax to (910) 794-8895

We appreciate the referral. Please call us with any questions.

To request more referral pads, call (910) 794-8892 x23

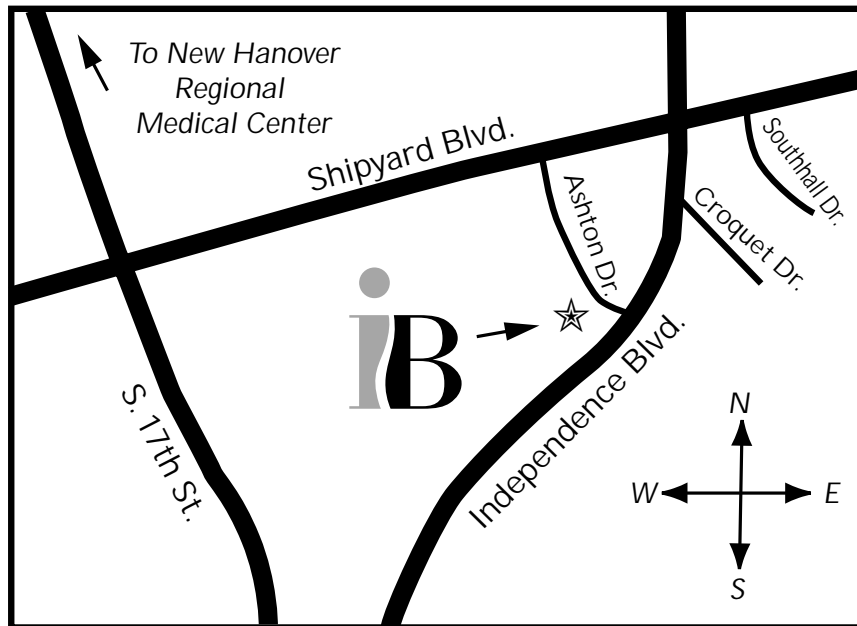


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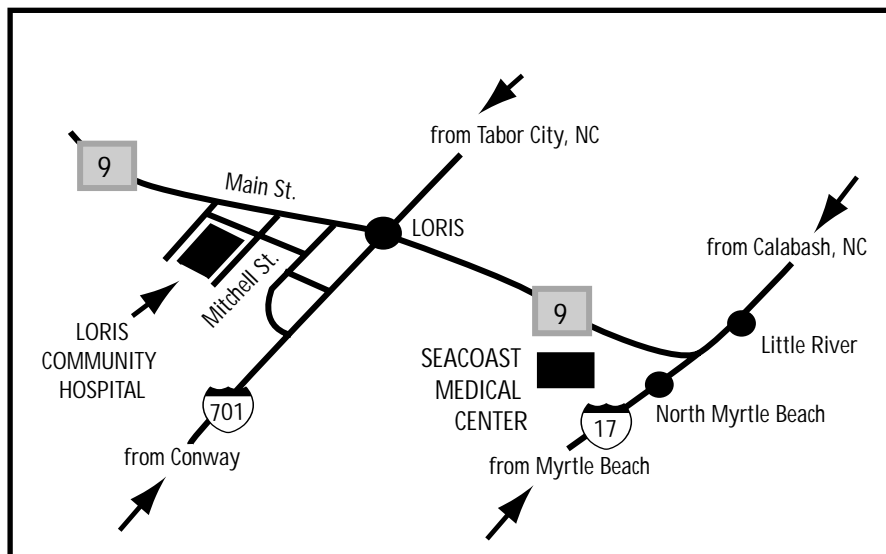
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## WILMINGTON, NORTH CAROLINA LOCATION



## LITTLE RIVER, SOUTH CAROLINA LOCATION



You can speed up your appointment by downloading registration forms at our web site  
[www.IndependenceBack.com](http://www.IndependenceBack.com)