



INDEPENDENCE BACK INSTITUTE

COASTAL REHABILITATION MEDICINE ASSOCIATES, PA

2800 ASHTON DRIVE
WILMINGTON, NC 28412

OFFICE: 910-794-8892
FAX: 910-794-8895

REFERRAL FORM

Patient's Name _____ Date _____

Phone _____ (W) _____ (Cell) _____ DOB _____

Referring Physician _____ Phone _____ Fax _____

Referral Made By _____ Type of Insurance _____

Worker's Comp Claim # _____ Date of Injury _____

Case Manager's Name _____ Phone _____ Fax _____

Adjuster's Name _____ Phone _____ Fax _____

Additional Instruction: _____

IBI use only: _____

Reason for Referral: Please fax copy of demographics; MRI or CT Report if available, last office note.

- | | | |
|---|--|--|
| <input type="checkbox"/> Amputee Clinic | <input type="checkbox"/> Consult | <input type="checkbox"/> Eval & Treat |
| <input type="checkbox"/> Prolotherapy | <input type="checkbox"/> Outpatient Rehabilitation | <input type="checkbox"/> Pain Management |
| <input type="checkbox"/> Spinal Cord Stimulator | <input type="checkbox"/> Radiofrequency Lesioning | <input type="checkbox"/> Spasticity |
| <input type="checkbox"/> Sports Injury | | |
- Musculoskeletal Pain:** (Circle all that apply):
- | | | | | | |
|----------------------|--------------|--------|------------------------|--------------|---------|
| - Spine | - Neck | - Back | - Shoulder | - Upper Limb | - Elbow |
| - Forearm/Wrist/Hand | - Hip/Pelvis | - Knee | - Lower Leg/Ankle/Foot | | |
- Fluoroscopic Guided Injections: (Cervical, SI, Epidural, Facet, Nerve Block, Transforaminal, Translaminar)**
Additional Instruction: _____
- Non- Fluoroscopic Injections: (Muscle, Shoulder, Elbow, Hand, Knee, Foot or Other)**
Additional Instruction: _____
- OTHER (DIAGNOSIS):** _____

- | | | |
|--|--|--|
| <input type="checkbox"/> John Liguori, MD | <input type="checkbox"/> Ben Wall, MD | <input type="checkbox"/> Peter Gemelli, MD |
| <input type="checkbox"/> Laura Ivey, MSPAS, PA-C | <input type="checkbox"/> Lindsay Wilson, MSPAS, PA-C | <input type="checkbox"/> 1 st Available |

We appreciate the referral. We will review the referral & then call the patient to schedule their appointment.

Please call us with any questions. www.IndependenceBack.com To request more referral pads, call 910-794-8892



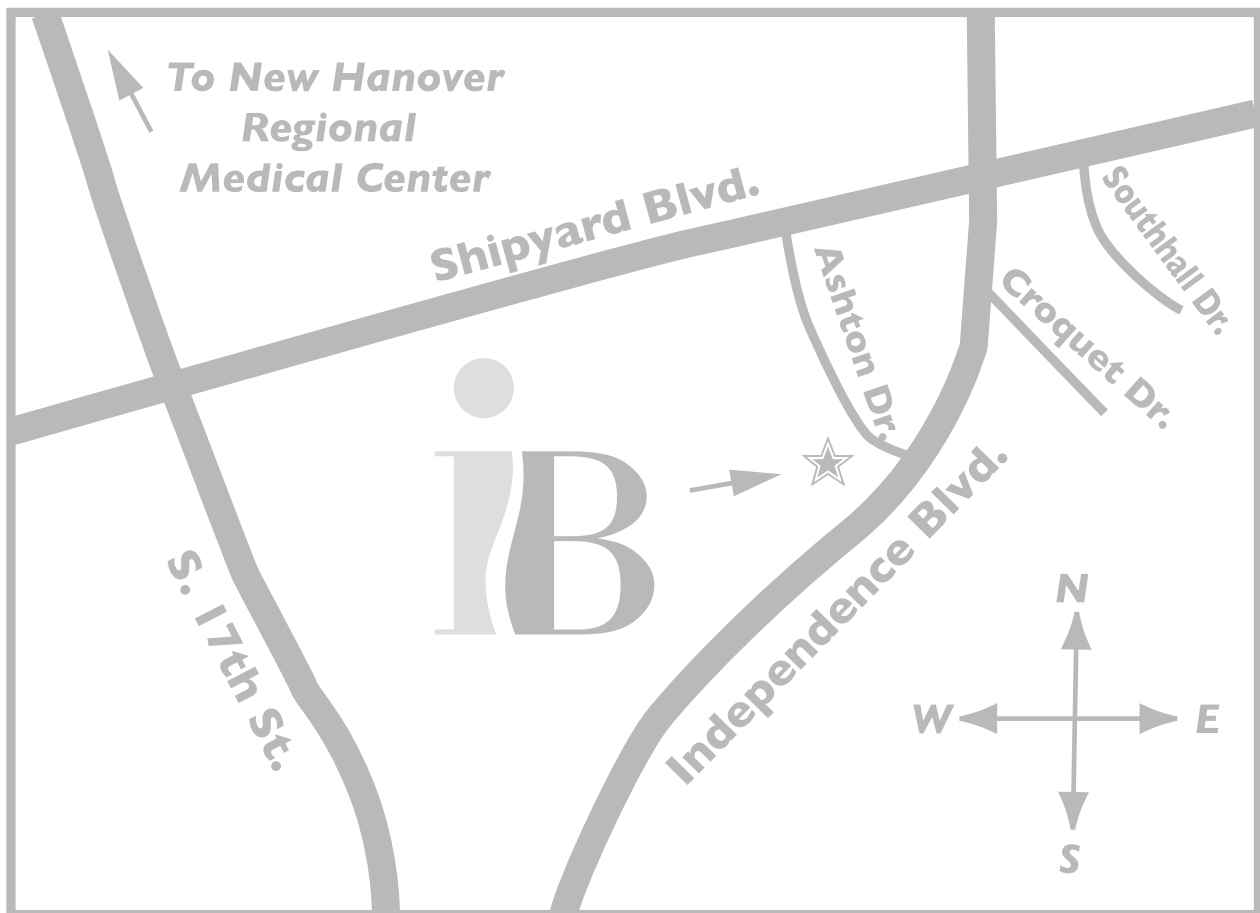
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WILMINGTON, NORTH CAROLINA LOCATION



You can speed up your appointment by downloading registration forms at our web site
www.IndependenceBack.com