

Referral Form

Tax ID: 45-5388396 NPI: 1730440785

Main Phone: (281) 991-2200 Main Fax: (281) 991-7700

Beaumont Phone: (409) 838-4263 Beaumont Fax: (409) 838-4263

Pasadena:	Webster:	Texas City:	Houston:	Beaumont:
5010 Crenshaw Rd.	250 Blossom St	7111 Med Ctr Dr.	1200 Binz St.	155 IH 10 North
Suite 130	Suite 270	Suite 100	Suite 46	Suite #1
Pasadena, TX 77505	Webster, TX 77598	Texas City, TX 77591	Houston, TX 77004	Beaumont, TX 77707

- Jose Reyes Jr., M.D.**
 Chris Fuke, M.D.
 Ted Lin, M.D.
 First Available
 H. Keith Pinchot, M.D.
 Obinna Uzodinma, M.D.
 Vladimir Redko, M.D.

Referring Physician: _____ Date: _____

Referring Physician Phone: _____ Fax: _____

NPI Number: _____ State License #: _____ Specialty: _____

Patient Information

Patient Name: _____

Address: _____

Phone #: _____ Patient DOB: _____

SS#: _____ Diagnosis: _____

- Reason for Referral:
 Evaluate and Treat
 Consult Only
 FastTrac (Same day evaluation & injection for qualifying patients)

Other: _____

Insurance Information

- Commercial Insurance
 Medicare
 Workers' Compensation

Insurance Company: _____

Address: _____

Phone: _____ Policy#: _____ Group#: _____

W/C Only: Claim# _____ DOI: _____ Adjuster Contact Info: _____

Signature of Referring Physician/Representative: _____

NOTE: A LEGIBLE COPY OF INSURANCE CARD (FRONT AND BACK), PATIENT DEMOGRAPHICS, CLINICAL NOTES, LABS, AND ANY IMAGING REPORTS SHOULD BE INCLUDED WITH ALL REFERRALS.