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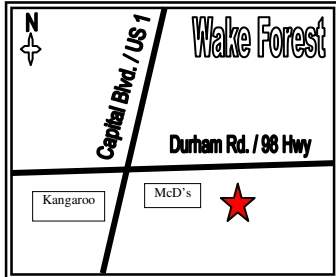
**PATIENT REFERRAL**

Name:	
Diagnosis:	
Notes / Mechanism of Injury:	
Referring Provider (PLEASE PRINT):	
Signature:	Date:
Provider NPI #:	Tel. #:

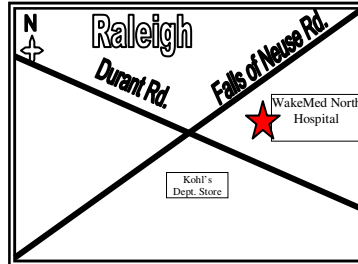
**ADDITIONAL INFORMATION**

Previous Diagnostic Studies (*please release reports and/or films*):

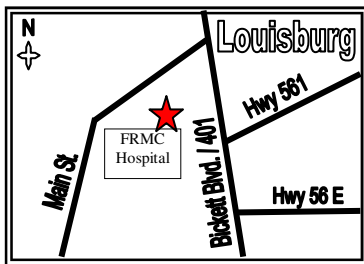
XRays	U/S	Bone Density
EMG	CT	Labs
MRI	Other: _____	



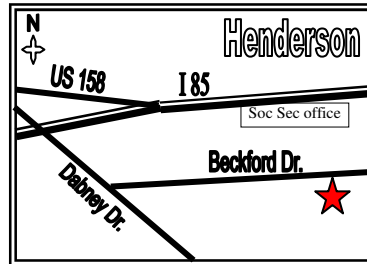
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