







Therapy Referral
3505 E Flamingo Rd, Ste.3
Las Vegas, NV 89121
Office: 702.430.7390
help@wellnessetc.us

DATE OF ORDER [YYYY-MM-DD]	STAT/Reason	
Patient Name	DOB [YYYY-MM-DD]	
Address	City	St Zip
Phone	E-mail	
Medical History		
Primary Insurance	Policy#	Authorization #
Other Insurance	Policy#	Authorization #
Treatment Frequency (circle): 1/wk 2/wk 3/wk 4/wk Number of treatment sessions (circle): 8 16 24 32		
Contraindications/Precautions		
Referring Physician	Phone	
Office Contact	Title	
Signature:	Date [YYYY-MM-DD]:	
Condition/Treatment	Rejuvenation Goals	Special Therapy/Testing
Evaluation Consultation	Pain Reduction/Elimination	Burn Therapy
Post-Op Rehab	Restore Function/Range of Motion	Stem Cell Stimulation
Sports Recovery Therapy	Skin Tissue Rejuvenation	Telomere Stabilization
Performance Enhancement	Deep Tissue Rejuvenation	Micro-Circulation Therapy
All Skin Conditions	Rejuvenate/Regenerate Nerves	Mitochondria Therapy
Hand/Wrist Tissue Issues	Improve Lymphatic Function	Immune System Stimulation
Trigger Finger	Fat Loss via Lipolysis	Chronic Wound Therapy
Carpal Tunnel	Eliminate Internal Lesions	Hormonal Rejuvenation Therapy
Bursitis	Increase Strength & Endurance	Respiratory Rejuvenation
Fracture	Eliminate Inflammation	Vision Therapy
Arthritis	Increase Tissue Elasticity	Tinnitus Therapy
Foot/Ankle Tissue Issues	Increase Muscle Density/Mass	Intrinsic Cardiac System Therapy
Plantar Fasciitis	Increase Tendon Density/Mass	Taste Rejuvenation
Achilles Tendon	Increase Ligament Density/Mass	Scar Elimination
Foot Neuropathy	Increase Cartilage Density/Mass	Postpartum Therapy
Foot Sprain/Strain	Eliminate Osteoporosis	General Synaptic Rejuvenation
Foot Fracture	Eliminate Neuropathy	Hydrogen Inhalation Therapy
Hammertoes	Increase Oxygen Loading	BODPod BMI Test