



2214 South Hoover Street
Los Angeles, California 90007
(213) 622-3100

Referral to Elite Medical Clinic

Date: _____

Law Firm: _____

Case Manager(s): _____

E-mail: _____

Address: _____

Phone: _____ Fax: _____

Client Information:

Name: _____ Date of Birth: _____

Phone: _____ E-mail: _____

Type of Accident:

- MVA
- Pedestrian
- Motorcycle Accident
- Bicycle Accident
- Slip and Fall
- Work Comp
- Dog Bite
- _____

Referred For: (check all that apply)

- Initial Evaluation (Orders and Report only)
- Diagnosis and Treatment
- Physical Therapy (massage, TENS, ultrasound and/or hot pack)
- Pre-Operation Examination for Surgery
- Pain Management (*excluding* epidural)
- Joint / Trigger Point Injection
- Wound Management / Suture Removal
- Ultrasound, ECHO, Vascular studies
- Musculoskeletal Ultrasound for OB pts (Neck, Back, Joints)
- Medical (Pre-Op) Clearance

**Submit this form to Elite Medical Clinic via:
Fax: (213) 622-3132 or E-mail: info@elitemedicalclinic.net**

We will contact clients/patients directly to set up the initial appointment.

*Thank you for your kind referral,
Houman Kashani, MD
Board Certified, Family Practice
Expert Reviewer, Medical Board of California*