702.200.1818
702.968.8637
pi@1ucpc.com

REFERRAL FORM

PATIENT / REFERRAL SOURCE / ATTORNEY INFORMATION

Patient's Name:	DOB:	Phone #:
Referred by:	Clinic/Attorney:	Phone #:
Injury Type: ❑ Animal Bite ❑ Motor Vehicle Accident ❑ Slip & Fall ❑ Work Injury		Injury Date:
Attorney/Firm:	Case Manager:	Phone #:
Email:	Billing Contact:	

REQUESTED SERVICE(S)

MEDICAL SERVICES:

❑ Eval. & Treat ❑ X-Ray/Ultrasound ❑ Wound Care
❑ EKG ❑ Pre-Op Clearance* ❑ Other:
❑ Lab Testing ❑ Work Clearance

MENTAL WELLNESS:

❑ Psychiatry ❑ Spinal Cord Stimulator Clearance
❑ Psychotherapy ❑ Other:
❑ ExoMind TMS

***Pre-Op Orders:**

❑ CBC ❑ PT ❑ Chest X-Ray ❑ Other:
❑ BMP ❑ PTT ❑ EKG
❑ CMP ❑ UA ❑ Clearance Letter

Send Details: ❑ Fax to: ❑ Email to:

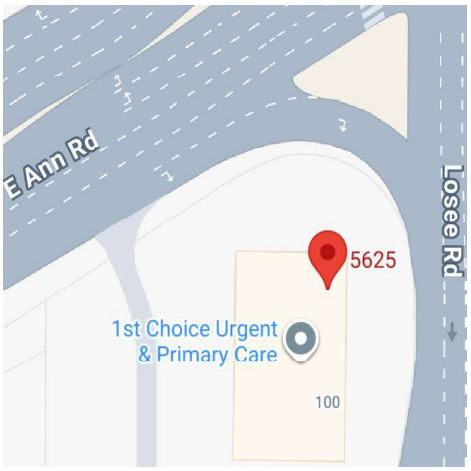
MISCELLANEOUS NOTES/DETAILS:

Thank you for your referral.

Call/Text: 702.200.1818 Fax: 702.968.8637
Email: pi@1ucpc.com

1 North Las Vegas

5625 Losee Rd.
N. Las Vegas, NV 89081
Cross Streets:
Ann & Losee Roads

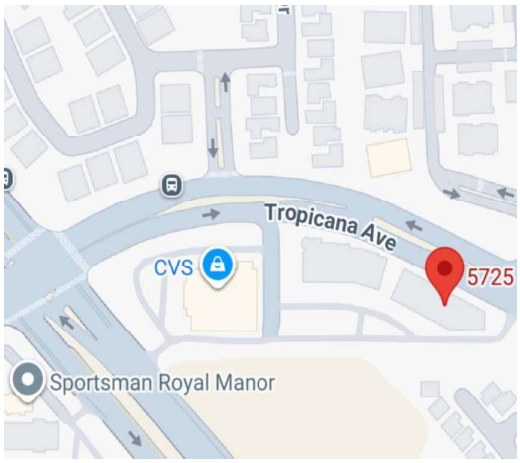


3 Pahrump

1840 E. Calvada Blvd., Ste. 13
Pahrump, NV 89048
Cross Streets:
Calvada Blvd. & Dandelion St.

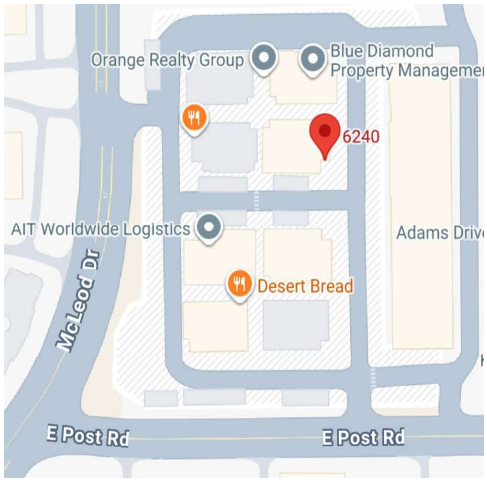
2 E. Tropicana

5725 E. Tropicana Ave., Ste. 112
Las Vegas, NV 89122
Cross Streets:
E. Tropicana Ave. & Boulder Hwy.



4 McLeod

6240 McLeod Dr., Ste. 100
Las Vegas, NV 89120
Cross Streets:
McLeod Dr. & E. Post Rd.



Your referral is the highest compliment.