



**Fallbrook Office**

521 East Elder, Suite 202  
Fallbrook, CA 92028  
(760) 728-5851

**Murrieta Office**

25150 Hancock Ave., Suite 200  
Murrieta, CA 92562  
(951) 698-4660

## Referring Physician Appointment Form

Complete this form, fax it to our office, and we will contact your patient within 48 hours to schedule an appointment. If requested, we will notify you that we have contacted the patient and scheduled the appointment.

**Fax Form To: Fallbrook Office: (760) 728-0703 or Murrieta Office: (951) 698-4659**

**Section I: Referring Physician Information**

Today's Date \_\_\_\_\_

Referring Practice Name: \_\_\_\_\_

Referring Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

**Section II: Patient Information**

Patient Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Insurance: \_\_\_\_\_ Insurance ID#: \_\_\_\_\_

The best time to contact: \_\_ A.M. \_\_ P.M. \_\_ Home \_\_ Work \_\_ Cell

Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

**Section III: Referral Information**

Physician Requested for appointment: \_\_\_\_\_

\_\_ Consultation or Diagnosis: \_\_\_\_\_

Urgency: \_\_ 1-2 days \_\_ 1-2 Weeks \_\_ within a month \_\_ next available

Please describe problem:

**Section IIII: Appointment Coordination**

Please contact the patient to schedule the appointment

Please contact the patient to schedule the appointment and fax this form back to our office # \_\_\_\_\_

Please contact our office with appointment information and we will confirm appointment with the patient

**Internal Office Use**

Appointment Date/Time: \_\_\_\_\_ Provider: \_\_\_\_\_ Staff Name: \_\_\_\_\_