

**Fallbrook Office**

521 East Elder, Suite 105
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: _____