2200 Forest Ridge Pkwy, Suite 310, New Castle, IN 47362 3521 W Purdue Ave, Muncie, IN 47304-6358 Phone: 765-599-3400 (option 3) Fax: 765-599-3655 Phone: 765-213-3025 Fax: 765-213-3050

415 East Main Street, Cambridge City, IN 47327 Phone: 765-478-4541 Fax: 765-599-3655

Scott Taylor MD & Andy Davisson, MD

Karey Davis, PA-C & Kristin Shields, PA-C

Board Certified in Physical Medicine & Rehabilitation

Physical Medicine & Rehabilitation

New Patient Referral

Patient Name:					DOB:
Referring Provider:					
Referring Provider Phone:				_ F	Fax:
Person sending Referral:					
Patient Contact Number:					
Patient Mailing Address:					
Primary Insurance:			Secondary Insurance:		
Reason for Referral:					
SCS/DRG Evaluation:					
Vertiflex-Spinal Spacer Surgery					
EMG (please circle): RUE LUE	BUE	LLE	RLE	BLE	
Previous Imaging(please circle): X-r	ays	MRI	СТ		
When Imaging was done:					
Where was Imaging done:					
Physical Therapy/Chiropractic Treat	ment:				

Referring Provider: Please send Patient Demographics, copy of Insurance card, pertinent office notes and Imaging reports.

Thank you for your Referral