ADVANTAGE Healthcare Systems

Healthcare for the injured.

Patient Referral and Order Form

Date _____ Referring Doctor _____

Pt. Last Name _____ First _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Alternate Phone _____

Treating Doctor _____

Date of Injury/ Accident _____

Employer _____

Address _____

Work Phone _____

Insurance Type (Circle) W/C Comm Ins. Personal injury

Insurance Company _____

Adjuster _____

Address _____

City _____ State _____ Zip _____

Claim Number _____

Phone Number _____

Diagnosis (Codes) _____

Diagnosis (Codes) _____

DOB _____ M ____ F ____ SSN _____

Medical Records Included ☐ Yes ☐ No

☐ **Traumatic Brain Injury Eval and Treatment (authorizing if indicated):**
- o Neuro-Psychological Evaluation
- o Physical Therapy Eval /Occupational Therapy Eval
- o Psychiatric Evaluation
- o Speech Therapy Evaluation
- o Evaluation & Treatment

☐ **Evaluation & Treatment**

☐ **Psychological Evaluation for** _____

☐ **Neuropsychological Evaluation & Treatment**

☐ **Neurologist Evaluation & Treatment**

☐ **Psychiatrist Evaluation & Treatment**

☐ **Pre-Surgical Psych Eval for SCS**

☐ **Interdisciplinary Evaluation(s) (authorizing if indicated):**
- o Functional Capacity / Physical Performance Exam
- o Psychological Evaluation
- o Psychiatric Evaluation
- o Physical Rehabilitation Eval
- o Evaluation & Treatment

☐ **Chronic Pain Program**

☐ **Functional Restoration Program**

☐ **Outpatient Medical Rehab Program**

☐ **Work Hardening/ Work Conditioning**

☐ **Pain Management Evaluation & Treatment**

☐ **Functional Capacity Evaluation**

☐ **EGG** ____ **Routine** ____ **72 Hour**

Other: _____

Facility Locations

☐ Telemed Requested

☐ Canton, TX
☐ Dallas, TX
☐ Fort Worth, TX
☐ San Antonio, TX
☐ Waxahachie, TX
☐ Metairie, LA

With this signature, I certify the above-prescribed treatment is medically reasonable and necessary.

Physician Signature: _____ **Date:** _____

Physician's Printed Name: _____ **NPI#:** _____

Scheduling: 877-487-8289 Referral Fax Number: 888-600-9834

www.advantagehcs.com