

Referral for Physical Medicine & Rehabilitation

Lovelace UNM Physical Medicine & Rehabilitation

500 Walter Street NE, Suite 500

Albuquerque, NM 87102

Phone: 505.727.7177

Fax: 505.727.9353

PLEASE FAX THIS FORM, DICTATION NOTES FROM THE PATIENT'S LAST THREE PROVIDER VISITS AND ANY RELEVANT IMAGING TO 505.727.9353.

Date of referral: _____ Taken by: _____

Patient name: _____ Phone number: _____ - _____ - _____

DOB: _____ SS#: _____

Address: _____

City: _____ State: _____ Zip: _____

Referring physician: _____ Phone #: _____

Primary physician: _____ Phone #: _____

Provider requested: _____

Procedure/Appointment type: _____

Diagnosis: _____

History: _____

Anticoagulation therapy: _____ Manager's name: _____

Diabetes: _____

MRI: _____ Date: _____ Where?: _____

X-ray: _____ Date: _____ Where?: _____

YES NO Last clinic note and imaging reports included?

INSURANCE

Primary insurance: _____ ID#: _____ Group#: _____

Secondary insurance: _____ ID#: _____ Group#: _____

WE GLADLY ACCEPT MOST INSURANCE PLANS, We accept most major insurance plans, including Blue Cross and Blue Shield of New Mexico, TRICARE, Medicare, all Centennial/Medicaid plans, all Presbyterian plans, Western Sky Community Care and many others.

Provider Signature

Date

LovelaceUNM
Rehabilitation Hospital