RPK Center
for Rehab, Spine and Pain Management, PLLC

2109 VALLEYGATE DRIVE, SUITE 201
FAYETTEVILLE, NC 28404
Phone: (910) 486-8880 • Fax: (910) 486-8886

REFERRAL FORM

**** IN ORDER TO AVOID ANY DELAYS IN SCHEDULING, PLEASE COMPLETE THIS FORM AND INCLUDE THE LAST THREE OFFICE NOTES, ALL IMAGING STUDIES, AND A COMPLETE LIST OF CURRENT MEDICATIONS ****

NAME: _____ **DOB:** ____/____/____

ADDRESS: _____ **SSN:** _____

CITY, STATE, ZIP: _____

PHONE: (H) _____ **(W)** _____ **(OTHER)** _____

PRIMARY INSURANCE: _____

INSURANCE ID#: _____ **AUTH REQ'D?** Yes / No (Fax Authorization)

SECONDARY INSURANCE: _____

INSURANCE ID#: _____ **AUTH REQ'D?** Yes / No (Fax Authorization)

REFERRING PHYSICIAN: _____ **NPI#:** _____

OFFICE PHONE: _____ **OFFICE FAX:** _____

REASON FOR REFERRAL: _____

_____

If referral is for NCS/EMG, which extremity? _____

FOR OFFICE USE ONLY:

APPOINTMENT DATE/TIME: _____ @ _____ **AM/PM**