

ZENITH

Injury Relief & Wellness Clinic

REFERRAL FORM

Frisco

14725 Lebanon Rd. Ste 200
Frisco, TX 75035

Arlington

6407 S. Cooper Rd Ste 133
Arlington, TX 76011

Hurst

800 Forest Oaks Ln. Ste B
Hurst, TX 76053

Farmers Branch

13988 Diplomat Dr. Ste 100-C
Farmers Branch, TX 75234

Phone: (972) 210-0033 Fax: (972) 210-0034
info@zenithdfw.com

Today's Date: _____

Location Referring to : Frisco Arlington Hurst Farmers Branch

Patient Name: _____ DOB: _____

Patient Phone #: _____ Work #: _____

CHECKLIST:

I have included in this referral: (Please Note: Incomplete referrals may delay the scheduling process!)

- Patient Demographic Sheet (that includes insurance information)
- Treating Doctor's Initial Evaluation, Office Visit Notes
- Diagnostics Reports (MRI's, EMG's, Labs, X-rays, CT's, Discograms, Myelograms)

REFERRAL TYPE (select all that apply)

- Chiropractic Care
- DOT Exam & Certification
- Functional Medicine
- Functional Rehabilitation
- Medical Massage Therapy
- Medical Weight Loss
- Migraines/Headache Treatment
- Nutritional Counseling
- Personal Injury
- Physical Performance Exam
- Physical Rehabilitation
- Pre-Employment Physicals (Hearing & Vision Testing)
- Pre/Post Surgical Program
- Return to Work
- Workers Compensation

Additional Comments or Notes:

Physician Signature: _____