

ZENITH

INTEGRATED WHOLE HEALTH SOLUTIONS

REFERRAL FORM | www.ZenithDFW.com

Lancaster Location:

2700 W. Pleasant Run Rd. Ste 210
Lancaster, TX 75146
Phone: 817-203-0814
Fax: 817-203-6031

Hurst Location:

800 Forest Oaks Lane Ste. C
Hurst, TX 76053
Phone: 817-203-0870
Fax: 817-203-0871

Date: _____ Location Referring To (please circle): Lancaster or Hurst
Patient Name: _____ S.S. #: _____
Patient Phone #: _____ D.O.B.: _____
Referring Doctor: _____ Referring Doctor Phone #: _____

DIAGNOSIS:

CHECK LIST:

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 & Physical Therapy Notes
- Diagnostics (MRI's, EMG's, X-rays, CT's, Discograms, Myelograms) Please send films with patient!

REFERRAL TYPE (select all that apply)

- Weight loss
- Physical Rehab
- Medically Supervised Personal Training
- Chiropractic
- Energy Loss and Fatigue
- Pain Management
- Medical Massage
- Vitamin Supplementation

Additional Comments or Notes:

Physician Signature: _____