



Winter Park – Daytona Beach – Lady Lake/The Villages – Kissimmee – Clermont

Scheduling Intake Phone: 407-605-5335 - Fax: 407-386-7523 - Email: intake@sterlingmedgroup.com

PATIENT REFERRAL

*****Please include patient demographics, imaging reports and diagnostic studies*****

REFERRING PROVIDER

Practice: _____

Referring Physician: _____

Practice address: _____

Ph: _____ Fax: _____ Email: _____

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Ph: _____

Patient Address: _____

Date of Accident: _____ First Day of Treatment: _____

Attorney: _____ Phone: _____

Insurance Comp. _____ Claim#: _____

Policy #: _____ Adjuster: _____ Ph: _____

☐ LOP

☐ PIP

☐ S/F

☐ W/C

CONSULTATION REQUESTED

☐ Neuro/Spine Consultation (patient **must** bring MRI films or CD) - DX: _____

☐ EMC

☐ Orthopedic Extremity Consultation (patient **must** bring x-rays films or CD) - DX: _____

☐ EMC

☐ Pain Management Consultation - Dx: _____

☐ EMC

Physician Signature: _____ **Date:** _____

OFFICE NOTES:

1561 West Fairbanks Ave. Suite 300 Winter Park, FL 32789

1040 Mason Ave. Daytona Beach, FL 32117

769 CR 466 Lady Lake, FL 32159

3284 Greenwald Way North, Kissimmee, FL 34741

1755 E. Highway 50, Suite A, Clermont, FL 34711