

Sierra Pacific Orthopaedic and Spine Center Medical Group, Inc.

New Patient Referral for:

- Jonathan Grossman, MD. Physiatrist
- Timothy Watson, MD. Ortho-Spine Surgeon
- Jeryl Wiens, MD. Physiatrist
- Jerry Smith, MD. Physiatrist
- Henry Aryan, MD. Neuro-Surgeon
(please check next to provider name)

RETURN TO FAX NUMBER: (559) 261-1906

PATIENT INFORMATION

Last Name _____ First Name _____ MI _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell _____ Work phone _____
Sex (M/F) _____ Social Security # _____ Date of Birth _____
Height _____ Weight _____

INSURANCE INFORMATION

Primary Insurance _____
Secondary Insurance _____

WORKER'S COMPENSATION

****PLEASE NOTE OUR PHYSICIANS WILL SEE PATIENTS AS CONSULTING PHYSICIAN.
DR WIENS MAY TREAT, BUT HE WILL DECIDE AFTER CONSULT IS COMPLETED****

Comp. Carrier _____ Claim # _____
Carrier Claims Address _____
Adjuster _____ Adj. Phone/fax _____
Date of Injury _____ Primary Treating Physician _____
Interpreter Needed? _____
(Please note we use JLA Interpreting 226-8835 if not otherwise indicated)

REASON FOR REFERRAL

Diagnosis/subjective complaints/reason for referral _____

What diagnostics were performed? _____

REFERRING PHYSICIAN INFORMATION

Referring physician's name _____
Contact person _____ phone# _____ fax# _____

**PLEASE FAX ALL PERTINENT MEDICAL/DIAGNOSTIC INFORMATION, AS WELL AS
INSURANCE CARDS, FRONT AND BACK TO US. WE WILL SCHEDULE THE
APPOINTMENT ACCORDING TO PATIENT'S SEVERITY OF CONDITION, SO PLEASE
FORWARD ALL FILMS ASAP, AND A DETERMINATION CAN BE MADE IN A TIMELY
MANNER. WE WILL SEND PAPERWORK TO YOUR PATIENT. PATIENTS ARE HELD
RESPONSIBLE FOR THEIR OWN FILMS.**

REVISED 12/10/08