



9846 Hwy. 31 E. Tyler, TX 75705

Ph: 903-592-8001 • 1-877-696-8773

Medical / Professional Referral

Person Submitting Referral _____ <i>(First and Last Name Please)</i>	
Facility _____	Contact _____
Phone _____	Fax _____

Patient _____ M ___ F ___ DOB _____

Patient's Complete Address _____

Phone _____ SSN _____

Medicare # _____ Medicaid # _____

*****Patients with Medicaid Only or Medicaid and Group Health Coverage*****

Please indicate patient's last MD visit date _____ or hospital discharge date: _____

Insurance Co. _____ Ins Co. Phone _____

Member Policy ID # _____ Group # _____

Physician _____ NPI # _____ TPI# _____

Phone _____ Fax _____

Patient Primary Diagnosis _____

Secondary Diagnosis _____

- Orders:** Skilled Nursing Home Health Aide WOCN Social Worker
 Speech Therapy Physical Therapy Occupational Therapy

Other Orders/ Requested Frequency: _____

Requested SOC date: _____

Physician's signature _____ Date: _____

Note: Please fax face sheet and H&P to fax number shown below.

Fax: 903-526-2329

Thank you for trusting us to care for your patient.