



PHONE: 760-753-7127

PATEL FAX: 760-683-5922

MILLER/BANSAL FAX: 866-317-9306

Please select provider:

- Nathan Miller, M.D.
- Ankush Bansal, M.D.
- Yogesh Patel, M.D.
- First Available

NEW LIEN PATIENT REFERRAL FORM

PATIENT INFORMATION

NAME: _____ DOB: _____ TODAY'S DATE _____

PHONE: _____ ADDRESS: _____

EMAIL: _____ DOI: _____

PATIENT'S PREFERRED LANGUAGE: _____

ATTORNEY INFORMATION

REFERRING ATTORNEY: _____

COORDINATOR/ CASE MANAGER: _____

OFFICE NUMBER: _____ OFFICE FAX: _____

REASON FOR REFERRAL: _____

AUTHORIZATION NEEDED FOR SCHEDULING PROCEDURES/APPTS. (Y/N): _____

SERVICE REQUESTED

- URGENT
- ROUTINE
- CALL BACK
- EVALUATION & TREATMENT
- CONSULTATION ONLY
- SPINAL CORD STIMULATOR
- OTHER: _____

PLEASE FAX THIS REFERRAL TO CORRESPONDING PROVIDER'S FAX WITH PATIENT'S RELEVANT RECORDS IF POSSIBLE & PATIENT'S PREFERRED CLINIC LOCATION

- 6221 Metropolitan Street Suite 201, Carlsbad, CA 92009
- 2020 Camino Del Rio N., Ste. 805, San Diego, CA 92108