LAGS® MEDICAL CENTERS

Francis P. Lagattuta, MD and Associates
www.lagsmedical.com

NEW PATIENT REFERRAL / AUTHORIZATION

PATIENT INFORMATION

Date: _____

Name: _____ DOB: _____

REASON FOR REFERRAL

Diagnosis _____

❑ Pain Management ❑ Wound Care ❑ PRP Therapy ❑ Neuropathy Screening ❑ Autonomic Testing
❑ Podiatry ❑ Eye Screening for Diabetes ❑ Mild/Moderate Mental Health ❑ Substance Abuse Recovery

❑ EMG (Electromyography): _____

❑ Other:_____

Requested Treatment Options:_____

Has patient been diagnosed with the following? (Please check if Yes): ❑ **Hypertension** ❑ **Diabetes** ❑ **High Lipids**

Has patient had 3 (or more) consecutive months Physical Therapy within last year: ❑ **Yes** ❑ **No**

PATIENT INSURANCE INFORMATION

Insurance Company: _____

Authorization Obtained: ❑ Yes (Please attach authorization copy) ❑ No

Thank you so much for referring your patient to us. Please be sure to include:

- **Last 3 office visits**
- **Demographic page**
- **Front/back of insurance card**
- **List of all medications**
- **List of past surgeries**
- **All imaging: X-Rays/CT/MRI, EMG results**
- **Proper authorization (if required)**

NPI: contact us for your local Lags clinic NPI

Referring Physician:_____

Referring Physician City:_____

Referring Physician Phone:_____

PLEASE FAX TO: 855-574-2244

Phone 888-712-0015 ext. 6012 Email: dmarquez@lagsspine.com