

NW Medical Rehabilitation
1315 N. Division
Spokane, WA 99202

Phone: 509-624-0908

Fax: 509-459-0881

Patient Name: _____	Phone: _____	DOB: _____
Insurance: _____	Policy ID#: _____	
WC/MVA Claim Manager: _____	Phone: _____	DOI: _____
Referring Doctor: _____	NPI#: _____	
Phone: _____	Fax: _____	
Primary MD: _____	Diagnosis: _____	

Please see this patient for:

- Consult & Recommendations
- Consult & Management
 - I am the primary treating provider and agree to continue managing this patient once stable, including prescribing opioids

Provider signature

Provider Printed Name

Date

- Consult & Intervention
 - Trigger Point Injections
 - Botox Injections for Spasticity
 - Intrathecal Pain Pump
 - Intrathecal Baclofen Pump
 - Other _____

Please fax any pertinent records including recent clinic notes and reports with this form to **509-459-0881**. This will help expedite scheduling of your patient. We will make every effort to schedule your patient in a timely manner, but delays may occur due to insurance authorizations and / or incomplete records.