



Refer Phone 866.974.2673



Refer Fax 833.328.1146

STEP 1

Fax this form, along with the patient's referral (if applicable) with the designated specialty to 833.328.1146

STEP 2

A Medical Office Scheduler will contact the patient to schedule an appointment with the appropriate provider.

STEP 3

You will receive a confirmation of your patients' appointment status or if we were unable to reach the patient.

Physician Information

Referring Physician

NPI Number

Phone Number

Fax Number

Referral Information

SPECIALTY REQUESTED

Bone Health	Orthopedics/Spine Care
Neurology	Podiatry
Neurosurgery	Hand
Pain Management	Vein Health

REASON FOR VISIT

Diagnosis

Visits Allowed

Start Date & End Date

PRIORITY

STAT

Routine

VISIT TYPE

New

ER Follow-Up

Follow-Up

Workers' Comp

Patient Information

Patient Name

Date of Birth

Phone Number (Primary)

Address

City

State

Zip Code

Insurance Information

Primary Insurance

ID Number

Secondary Insurance

ID Number

Cardholder's Name

Date of Birth

Please refer to the insurance guide to determine if the patient requires a referral; if a referral is required, please note we will need to receive the referral from your office prior to seeing the patient.



When sending the referral, please include the approved number of visits and valid date range (i.e. 90 days)

**CORE Institute NPI #1427095801
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