

**WORKCOMP DOCTORS PATIENT REFERRAL FORM**



**FAX# 562-924-4274**  
**WORKERS COMP DOCTORS**  
18000 Studebaker Rd. Suite 330  
Cerritos, California 90703  
PHONE: 800-340-6311

	<b>Orthopedic</b>
	<b>Spine</b>
	<b>Bariatric</b>

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**CLAIMANT INFORMATION**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_  
**SSN:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Home Phone:** (\_\_\_\_) \_\_\_\_\_  
**Date Of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MO / DAY / YR)  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**CLAIM INFORMATION**

**Employer:** \_\_\_\_\_ **Claim Number:** \_\_\_\_\_  
**Line Of Business:** \_\_\_\_\_ **Date Of Injury:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MO / DAY / YR)  
**Copay:**  Yes  No **Amount:** \_\_\_\_\_ **Deductible Remaining:** \_\_\_\_\_

**INSURANCE INFORMATION**

**Insurance Company:** \_\_\_\_\_  
**Billing Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**ADJUSTER INFORMATION**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_  
**Work Phone:** (\_\_\_\_) \_\_\_\_\_ **Company:** \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_

**REFERRAL INFORMATION**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_  
**Work Phone:** (\_\_\_\_) \_\_\_\_\_ **Company:** \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_

**MEDICAL INFORMATION**

**Authorized Medications:** \_\_\_\_\_

**Would you like to create an Authorized Physician's List? If yes, please include Dr. name and DEA Number.**

**IMPORTANT NOTICE:** This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt for disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the addressee, except by express authority of the sender to the named addressees.