



Phone: 207-404-8300

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Specialty Referrals Worksheet

We want to help you make your patient's visit for a PCHC service as convenient and productive as possible. To achieve this goal, it is helpful to us if we have certain information, records and/or tests results in hand prior to your patient's appointment date. Use the checklist as an aid in determining what information to provide us and forward all that is required in one packet.

Patient Name _____ DOB _____ Date of Consult _____

Person sending worksheet _____ Contact Number _____ Fax _____

Chiropractor

- Signed Referral Order
- Patient Demographic Sheet
- Insurance info/copy of card
- Prior Authorization number if needed
- Imaging associated with referral

Nutrition

- Signed Referral Order
- Most recent office note w/ P-M-A list
- Patient Demographic Sheet
- Insurance info/copy of card
- Prior Authorization number if needed

Podiatry

- Signed Referral Order
- Patient Demographic Sheet
- Insurance info/copy of card
- Prior Authorization number if needed
- Most recent office note w/ P-M-A list

Physical Therapy

- Signed Referral Order
- Patient Demographic Sheet
- Insurance info/copy of card
- Prior Authorization number if needed
- Imaging associated with referral