J. Tashof Bernton, M.D.
Gretchen Brunworth, M.D.
Haley Burke, M.D.
Usama Ghazi, D.O.
Lawrence Lesnak, D.O..
Levi Miller, D.O.
Barry Ogin, M.D.
David Reinhard, M.D.
Timothy Shea, Psy.D.

Centralized Scheduling (303) 685-CROM (2766) · Toll Free Outside Metro Area (866) 300-7326 · Fax (866) 960-6089

REFERRAL

Date:____________________ Date of Birth:_________________

Date of Injury:________________

PATIENT NAME:____

Last First Middle Initial

Insurance Company:____________________________________ ID/Claim#:________________________________

Home Phone:______________________ Cell Phone:____________________ Work Phone:____________________

CONSULT	**EVALUATE AND TREAT**	
EMG/NCV	Evaluation for Injection Consultation	Stem Cell Therapy, Musculoskeletal
Impairment Rating	Injection Only___________________	PRP (Platelet Rich Plasma)
Autonomic Testing Battery (QSART)	______________________________	Auto Injury Care
Stress Thermography	______________________________	Cognitive Rehabilitation Therapy
Brain Injury Evaluation and Treatment	Psychological Evaluation	Botox Injection (Spasticity)
Diagnostic Musculoskeletal Ultrasound	Biopsychosocial Surgical Assessment	Botox Injection (Chronic Migraine)
Musculoskeletal Ultrasound Injection	Pain/Workers Compensation Psychological Treatment	

RX/DIAGNOSIS: CROM PROVIDER:

____or FIRST AVAILABLE

Procedure/Treatment Details:

____

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To be seen at which office location:

1390 S POTOMAC ST SUITE 100 AURORA, CO 80012 145 INVERNESS DR E SUITE 250 ENGLEWOOD, CO 80112

____

REFERRAL SIGNATURE DATE

____

REFERRAL PRINTED NAME PHONE

Please fill in patient demographics on this form, send last office notes, pertinent records and all radiographic studies. Thank you.
www.ColoradoRehabilitation.com