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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: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_

- |  |                                    |
|--|------------------------------------|
| EMG/NCV                                | Stress Thermography                |
| Impairment Rating                      | Botox Injection (Spasticity)       |
| Autonomic Testing Battery (QSART)      | Botox Injection (Chronic Migraine) |
| Brain Injury Evaluation and Treatment  | Shockwave Treatment                |
| Diagnostic Musculoskeletal Ultrasound  | Auto Injury Care                   |
| Evaluation for Injection Consultation  | PRP (Platelet Rich Plasma)         |
| Injection Only                         |                                    |
| Burke      Ghazi      Miller      Ogin |                                    |

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RX/DIAGNOSIS: \_\_\_\_\_ CROM PROVIDER: \_\_\_\_\_ or First Available  
 Procedure/Treatment Details: \_\_\_\_\_

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**DTC:** 7951 E Maplewood Ave, Ste 225 Greenwood Village, CO 80111  
**Colorado Springs:** 595 Chapel Hills Dr Ste 245, COLORADO SPRINGS, CO 80920  
**Denver:** 2727 Bryant St Ste 400, Denver CO 80211

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](http://www.ColoradoRehabilitation.com)