CROM
COLORADO REHABILITATION & OCCUPATIONAL MEDICINE
Advanced Rehabilitation Medicine

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

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