CROM
COLORADO REHABILITATION & OCCUPATIONAL MEDICINE
Advanced Rehabilitation Medicine

Kristina Barber, MD
Haley Burke, MD
Usama Ghazi, DO
Lawrence Lesnak, DO
Levi Miller, DO
Barry Ogin, MD
David Reinhard, MD
Tomas Salazar, MD
Yani Zinis, MD
Ryan Mansholt, PA
Koneta Karns, NP

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
- ☐ Stress Thermography
- ☐ Botox Injection (Spasticity)
- ☐ Botox Injection (Chronic Migraine)
- ☐ Shockwave Treatment
- ☐ Auto Injury Care
- ☐ PRP (Platelet Rich Plasma)

☐ Barber ☐ Burke ☐ Ghazi ☐ Miller ☐ Ogin

RX/DIAGNOSIS: CROM PROVIDER: or ☐ First Available

Procedure/Treatment Details:

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

- ☐ **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