Referred to:

Joseph J. Schifini, M.D.

600 South Tonopah Drive, Ste. 240, Las Vegas, Nevada 89106 (702) 870-0011 Fax: (702) 870-1144

M/C Name:	Patient Name:		DOB:	
Adjuster:				
Date of Injury:	Workers Compensat	tion Information:		
Insurance Information: Primary Insurance:Phone#: Secondary Insurance:Phone#: Lien Information: Attorney Name:Phone#: Fax#: Treatment Request: (Please circle one) •TOC • Consult Only • Consult & Treat • 2nd Opinion • IME •	W/C Name:		Body Part: _	
Treatment Request: (Please circle one)	Adjuster:		Phone:	Fax:
Primary Insurance:Phone#: Secondary Insurance:Phone#: Lien Information: Attorney Name:Phone#: Fax#: Treatment Request: (Please circle one) •TOC • Consult Only • Consult & Treat • 2nd Opinion • IME •	Date of Injury:	Clai	m#:	
Secondary Insurance:Phone#: Lien Information: Attorney Name:Phone#: Fax#: Treatment Request: (Please circle one) •TOC • Consult Only • Consult & Treat • 2nd Opinion • IME •	Insurance Informati	on:		
Lien Information: Attorney Name:Phone#: Fax#: Treatment Request: (Please circle one) •TOC • Consult Only • Consult & Treat • 2nd Opinion • IME •	Primary Insurance:	Phone#:		
Attorney Name:Phone#:Fax#: Treatment Request: (Please circle one) •TOC • Consult Only • Consult & Treat • 2nd Opinion • IME •	Secondary Insurance:		Phone#:	
Treatment Request: (Please circle one) •TOC • Consult Only • Consult & Treat • 2nd Opinion • IME •	Lien Information:			
Treatment Request: (Please circle one) ◆TOC ◆ Consult Only ◆ Consult & Treat ◆ 2nd Opinion ◆ IME ◆	Attorney Name:		Phone#:	
•TOC • Consult Only • Consult & Treat • 2nd Opinion • IME •			Fax#:	
	Freatment Request:	(Please circle one)		
Referring Physician:Ph:Contact:	•T0	OC • Consult Only • Co	nsult & Treat • 2nd Op	oinion • IME •
	Referring Physician:		Ph:	Contact:
Would you like a fax, regarding patient's appointment date and time? Fax:	Would you like a fax, reg	arding patient's appoint	ment date and time?	Fax:
		ent demos and in	surance informa	ition)
ease fax most recent clinical notes and radiology reports to 870-114 (Also include patient demos and insurance information)				A.M. / P.M.
(Also include patient demos and insurance information)	Comment:			