Date: ___/___/____

Return Fax: (252) 215-1045

Personal Injury Referral Form

*Please be advised a deposit of $500 is required prior to your clients first office visit. Invoice will be sent once appointment has been scheduled and is due prior to their first visit.

Reason for referral: ______________________________ Date of Injury: ____________

Client Name: ______________________________

DOB: _____/_____/_____ SSN: _____-_____-_______

Address: ____

Phone: _____-_____-_______ Alt.: _____-_____-_______

☐ Opinion Only (IME without rating) ☐ Eval and Treat (Please select one)

Firm:

(Business stamp ok)

Billing Address:

Office Contact: ______________________________

Ph: (___) ____-_________ Fax: (___) ____-_________ Email: ______________________________

Please sign and date below to confirm representation of the above individual, authorizing this patient to be seen at Eastern Headache and Spine. Our office will file any applicable health insurance available and forward the remaining balance to your firm.

Signature: ______________________________ Date: ____________________

Print Name: ______________________________ Title: ____________________

Please Note Relevant medical records are required prior to review! Please fill in completely and return with office notes/testing for review. If referrals are accepted our office will contact the patient to schedule.

James Bryan Cooper, M.D. * Amy Hopkins, N.P.

498 A Red Banks Road, Greenville, NC 27858 (252) 215-3067 Office (252) 215-1045 Fax