



Referral Form

Please attach the patient's demographic and insurance information, as well as notes from a recent office visit or physical.

Patient's Name: _____ DOB: _____

Insurance Plan: _____ Insurance ID#: _____

Insurance Plan Provider Phone #: _____

Insurance Plan 2: _____ Insurance ID#: _____

Insurance Plan 2 Provider Phone #: _____

Patient Phone: _____ Patient E-mail: _____

- Diabetic Peripheral Neuropathy
- Idiopathic Neuropathy
- Other (Explain)
- Evaluate and Treat

Provider's Name: _____

Provider's Signature: _____

Notes:

Circle the preferred office location and fax referral forms to the numbers below:

Gainesville

2565 Thompson Bridge Road
Suite 112
Gainesville, GA 30501
P 678-865-4221
F 657-439-4533

Johns Creek

10700 Medlock Bridge Rd.
Suite 207
Duluth, GA 30097
P 770-559-8716
F 657-439-4533

**For new patient appointments, please have patients call 1-877-301-3441
or visit www.realwavecenters.com/appointment**