



REFERRAL FAX

FROM YOUR EXISTING PATIENT DATA BASE: PLEASE ENSURE THE FOLLOWING PATIENT INFORMATION IS PRESENT & PROVIDED IN THE PAPERWORK YOU FORWARD TO US FOR EACH OF YOUR PATIENT(S) THAT YOU'RE OFFICE IS REFERRING TO TLG.
PLEASE, SEND ONE PATIENT PER REFERRAL TRANSMISSION

PATIENT FULL NAME

PATIENT DOB

COMPLETE MAILING ADDRESS

PATIENT INSURANCE CARRIER PRIMARY/SECONDARY WITH ID #(S)

REFERRING DOCTOR'S FULL NAME

REASON FOR REFERRAL:

TELL US SPECIFICALLY WHY YOUR PATIENT NEEDS TO BE SEEN BY OUR OFFICE.

MARK OR ADD THE FOLLOWING: MENTAL WELLNESS MANAGEMENT MENTAL HEALTH DIAGNOSIS EVAL FOR IMPLANT TRIAL

PLEASE NAME THE SPECIFIC DEVICE THAT YOUR PATIENT IS BEING CONSIDERED BELOW.

EXAMPLE: PNS (Peripheral Nerve Stimulator) SCS (Spinal Cord Stimulator)
 ITP (Intrathecal Pain Pump) BIS (Bariatric Implant Surgery) PNSA (Pre-Neurological Surgery Assessment) EGMD (Extraluminal Gastro Modulation Device) OTHER
(List Other Device)

TLG – The LAHAYE Group
Associated Mental Health & Wellness Professionals

17300 Henderson Pass, Suite 260 San Antonio, Texas 78232
Help Desk: 210.908.7573 Fax: 210.807.8789
HelpDesk@LaHayeGroup.com
LaHayeGroup.com

