Seating Solutions
Rehabilitation & Wheelchair Specialists
Occupational Therapy

Phone: (904) 315-7070 Fax: (904) 541-1413
www.SeatingSolutionsInc.com

FAX REFERRAL SHEET

FROM: _____ REFERRING PERSON: _____

* Please verify all patient information is current and up-to-date. Thank You.

PATIENT NAME: _____

D.O.B.: _____ / _____ / _____ Social Security # : _____

ADDRESS: _____

_____

_____

CONTACT PHONE NUMBER(S): _____

_____

PRIMARY INSURANCE TYPE: _____

PRIMARY INSURANCE NUMBER: _____

SECONDARY INSURANCE TYPE: _____

SECONDARY INSURANCE NUMBER: _____

Physician who will be completing the Face-to-Face Exam:

PHYSICIAN NAME: _____

PHYSICIAN PHONE: _____

PHYSICIAN FAX: _____

FAX TO (904) 541-1413