



845 Alder Creek Drive, Medford, OR 97504

Dr. Eric Wruck DC, FNP



Office: 541-200-0929

Fax: 541-207-0111

REFERRAL FOR SPECIFIC MEDICAL SERVICES

- WORKER'S COMPENSATION
- AUTO
- PRIVATE INSURANCE
- OTHER

Patient Name: _____ Phone/Cell: _____

Diagnosis: _____

Precautions/Comments: _____

Injury Date: _____ Surgery Date: _____ DOB: _____

Insurance Company: _____ Claim #: _____

MEDICAL SERVICES: Pain Management Consultation Physical Medicine/Rehabilitation US Guided Joint Injections Regenerative Medicine Consult Work Comp Management PENS (Percutaneous Electro-Neuro Stimulation) for acute/chronic pain

SPECIAL INSTRUCTIONS:

Referring Physician PRINTED: _____ Phone: _____

Referring Physician Signature: _____ Date: _____