



845 Alder Creek Drive, Medford, OR 97504

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**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: \_\_\_\_\_