410 S. Ware Blvd. Ste 828
Tampa, FL 33619
Tel: (813) 419-1399
Fax: (813) 580-7161
info@EZemc.com
EZemc.com

EASY EMC
EzEMC.com
(833) EZ-EMC-FL
(833) 393-6235

PATIENT REFERRAL FORM

Telehealth Exam Can be Done from Patients' HOME on their SMARTPHONE

We Understand & Educate on the Importance of Continued Rehabilitative Care at Your Clinic

Please note, fields marked * required for scheduling.

Please Fax and/or Email referral form to (813) 580-7161 or info@EZemc.com

For your convenience, referrals can also be easily uploaded on the Physician Portal

Patient Details

Last Name*		Referral Date:	
First Name*		❒ Male*	❒ Female*
Date of Birth*		Date of Accident	
Patient Telephone*			
Patient's Email			
Attorney		Attorney Tel:	

Insurance Details

Insurance Company	
Policy Number	
Claim Number	
Insurance Telephone	

Referring Facility

Prefer Reports: ❒ Faxed ❒ Secure Email ❒ **Physician Portal**

Clinic Name	
Physician Name	
Telephone (Work)	
Fax	
Email address	

Imaging Details

Note: Please include any imaging reports; may be helpful when determining if there is an EMC

❒ Patient has NOT had imaging	Patient completed: ❒ X-rays ❒ MRI ❒ CT		
Name of Imaging Facility			
Facility Telephone		Facility Fax	

If Available Please Fax and/or Email Imaging Reports with referral form to (813) 580-7161 or info@EZemc.com