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EZemc.com



EASY EMC
 EzEMC.com
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 (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

Patient Details

Last Name*		Referral Date:	
First Name*		<input type="checkbox"/> Male*	<input type="checkbox"/> Female*
Date of Birth*		Date of Injury	
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 Both Faxed & Emailed

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

<input type="checkbox"/> Patient has NOT had imaging	Patient completed: <input type="checkbox"/> X-rays <input type="checkbox"/> MRI <input type="checkbox"/> 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	