

REFERRAL FORM

To refer a client to **Excel-Lin Therapy Solution**, please complete the information below and fax this form to:

Phone: 1-714.528.1718

EXCEL-LIN THERAPY SOLUTIONS will contact the client to provide information about **EXCEL-LIN** services. If you have any questions, please contact us at **714.271.7578**.

Referred By: _____

Date: _____ Phone Number: _____ Ext #: _____

Please see in consultation:

Name: _____ Phone: _____

Address: _____ City: _____ ZIP/PC: _____

ID #: _____ Authorization #: _____

Contact Person (if client is not primary contact) _____

Contact Person Phone Number: _____

For the following services:

- Physical Therapy Other _____
 Occupational Therapy

Additional Notes: _____

CONSULT REQUEST: FAXED PHONE EMAIL DATE: _____

CONSULTATION DATE: _____ TIME: _____