



Sequoia Orthopaedic & Spine Institute, Inc
Frank L. Feng, D.O.
1337 S. Lovers Lane Visalia, Ca 93292
Ph: (559) 733-7888 Fax: (559) 733-2521

REFERRING PHYSICIAN: _____ DATE: _____

CONTACT: _____ PHONE: _____ FAX: _____

PATIENT NAME: _____ DOB: _____ SS#: _____

ADDRESS: _____ CITY: _____

ZIP: _____

PHONE: _____ CELL: _____ WORK: _____

INSURANCE: _____

IF AUTHORIZATION IS NEEDED, PLEASE FAX A COPY.

DIAGNOSIS: _____

TESTING INCLUDED: ☐ MRI ☐ CT SCAN ☐ EMG/NCS ☐ XRAY ☐ OTHER

PLEASE FAX COPIES OF ALL INSURANCE CARDS (FRONT & BACK).

IF PATIENT HAS HAD MRI/XRAY WITHIN 12 MONTHS THEY MUST HAND CARRY ALL CDs AND
A LIST OF MEDICATIONS TO APPOINTMENT.

OFFICE USE ONLY:

REFERRAL RECEIVED: _____

REFERRING PHYSICIAN NOTIFIED: _____

APPOINTMENT DATE: _____ TIME: _____ AM / PM

REFERRING PHYSICIAN PLEASE ALSO NOTIFY PATIENT OF APPOINTMENT