ALLIANCE
SPINE & JOINT
SCHEDULING 833.SPINE01
774.6301

ORTHOPEDIC, SPINE & PAIN MANAGMENT

PATIENT REFERRAL FORM

Phone: 954.800.5585 **Fax: 954.800.5586**

scheduling@alliancespinejoint.com
www.alliancespinejoint.com

PATIENT NAME: _____ **PHONE NUMBER:** _____

DATE OF BIRTH: _____ **DATE OF ACCIDENT:** _____

PATIENT ADDRESS: _____

REFERRING PHYSICIAN: _____

PHYSICIAN PHONE NUMBER: _____ **PHYSICIAN FAX NUMBER:** _____

ATTORNEY: _____

ATTORNEY PHONE NUMBER: _____ **ATTORNEY FAX NUMBER:** _____

DOES THE PATIENT HAVE MRI'S? ☐ **NO** ☐ **YES** **(If yes, please send the MRI report with the referral.)**

PIP INSURANCE CARRIER: _____

INSURANCE PHONE NUMBER: _____ **INSURANCE FAX NUMBER:** _____

POLICY NUMBER: _____ **CLAIM NUMBER:** _____

PIP ADJUSTER: _____

ADJUSTER PHONE NUMBER: _____ **ADJUSTER FAX NUMBER:** _____

BILLING ADDRESS: _____

Reason(s) for Visit:

☐ Interventional Pain Management ☐ Spine ☐ Orthopedic ☐ Final With Impairment Rating

Complaints: ☐ Neck ☐ Back ☐ Shoulder ☐ Knee ☐ Other: _____

REV 6/2025

Please choose a location:

☐ **Kendall**
9570 SW 107th Ave
Suite 101C & 102C
Miami, FL 33176

☐ **Hialeah**
2170 W 68th St
Suite 1
Hialeah, FL 33016

☐ **Hallandale**
815 SE 1st Ave
Hallandale, FL 33009

☐ **Plantation**
201 N Pine Island Rd
2nd Floor
Plantation, FL 33324

☐ **West Palm**
701 Northlake Blvd
Suite 106
North Palm Beach, FL 33408

☐ **Fort Myers**
63 Barkley Circle
Suite 100
Fort Myers, FL 33907

☐ **Orlando**
6342 W Colonial Dr
Suite C
Orlando, FL 32818

☐ **Orlando**
801 N Orange Ave
Suite 760
Orlando, FL 32801

☐ **Tampa**
4019 W Waters Ave
Suite B
Tampa, FL 33614

☐ **Tampa**
4370 N Habana Ave
Suite 104
Tampa, FL 33614