Rehab Medicine of the Carolinas
2554 Lewisville-Clemmons Rd, Ste 201
Clemmons, NC 27012

Phone: 336-986-9537
Fax: 804-203-7002
Website: www.rmotc.org

Patient Referral Form

Email to contact@rmotc.org

Patient Demographic Information

Patient Name: _____

DOB: _____

Email Address: _____

Patient's Primary Insurance: _____

Patient's Secondary Insurance: _____

Referring Provider

Referring Physician: _____

Office Phone Number:_____ Fax: _____

Office Contact: _____ Email Address: _____

Reason for Referral

What is the reason for referral? Please check one.

- ☐ Acute Inpatient Rehab Follow-up
- ☐ Amputee Rehab
- ☐ Brain Injury Rehab
- ☐ Cancer Rehab/Prehab
- ☐ COVID-19 Rehab
- ☐ Electrodiagnostic Testing (EMG/NCV)
- ☐ Hospital Follow-up
- ☐ Pain Management
- ☐ PT/OT
- ☐ Peds-to-Adult Special Needs
- ☐ Spinal Cord Injury
- ☐ Spine Care
- ☐ Stroke Rehab
- ☐ Other _____

Medical Imaging and Required Documentation

Please fax this completed form to the fax number listed above with the following:

__ Copy of the patient's insurance card(s) (front and back copy)

__ Copies of 2-3 most recent office notes

__ Copies of any X-ray/MRI/CT reports if referral is pain related. Once received and approved, our office staff will contact the patient directly to schedule the appointment.