



# COMPREHENSIVE SPINE & SPORTS CENTER

Annu Navani, MD  
Gang Li, MD, PhD, QME  
Maliheh Massih, MD, QME  
Ben Schanker, MD  
William Grief, MD  
Paul Cheng, MD

Phone: (408) 356-5292 Fax: (408) 356-5307

Newpt@cssctr.com

*Defining Excellence in You!*

## REFERRAL FORM

### PATIENT INFORMATION

Date: \_\_\_\_\_  Male  Female  
Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Ph #: \_\_\_\_\_ Secondary Ph #: \_\_\_\_\_  
Body Part(s): \_\_\_\_\_ DOI: \_\_\_\_\_  
Interpreter Needed:  YES What Language?: \_\_\_\_\_  NO

### REASON FOR REFERRAL

Diagnosis/ICD-10 code: \_\_\_\_\_  
 Consult Only  Consult & Injections  EMG/NCS  Acupuncture  Chiropractic  
 Psychology  Functional Capacity Evaluation  Work Hardening  Functional Restoration Program

### WORKERS COMPENSATION PATIENT INSURANCE INFORMATION

(Please attach copy of insurance card)

Law Office: \_\_\_\_\_  
Law Office Phone #: \_\_\_\_\_  
Workers' Compensation: Claim #: \_\_\_\_\_  
Authorization Obtained:  YES (Please attach authorization copy)  NO  
Insurance company: \_\_\_\_\_  
Adjuster: \_\_\_\_\_ Adjuster Phone #: \_\_\_\_\_  
Adjuster Fax #: \_\_\_\_\_ Adjuster Email: \_\_\_\_\_

**PLEASE EMAIL TO NEWPT@CSSCTR.COM**

3425 South Bascom Avenue, Suite 200 | Campbell, Ca 95008  
18181 Butterfield Blvd. Suite 140 | Morgan Hill, Ca 95037  
39055 Hastings St. Suite 204 | Fremont, Ca 94538  
817 Coffee Rd. Building B | Modesto, Ca 95355  
275 W. Laurel Dr. Suite C | Salinas, Ca 93906  
24301 Southland Dr. #200 | Hayward, Ca 94545

**Newpt@cssctr.com**

**www.cssctr.com**