



# Lauderdale Wellness Center

## Chiropractic Patient Referral Form

Phone: 651-917-9800

Fax: 651-917-9801

### Patient Information:

\_\_\_\_\_  
Patient Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Patient DOB

(\_\_\_\_)\_\_\_\_-\_\_\_\_  
Patient Phone #

**Diagnosis/Clinical Information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Patient Insurance Information:

\_\_\_\_\_  
Company

\_\_\_\_\_  
ID#

\_\_\_\_\_  
Group #

\_\_\_\_\_  
Relationship to Insured

### I am referring the patient to:

Dr. Brian Malzer

Dr. Mallory Christopherson

first available practitioner

### Referring Physician Information:

\_\_\_\_\_  
Referring Physician

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Referral Date

\_\_\_\_\_  
Signature of Referring Physician

(\_\_\_\_)\_\_\_\_-\_\_\_\_  
Referring Clinic's Phone #

### Reason for Referral:

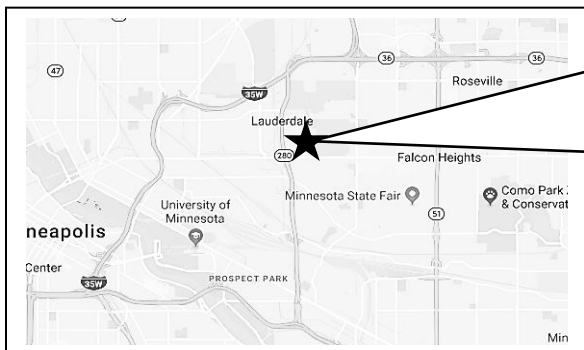
Evaluate and treat as necessary

Evaluate and contact me by phone to discuss

Consultation only

\_\_\_\_\_

Special instructions: \_\_\_\_\_  
\_\_\_\_\_



**Lauderdale Wellness Center**  
**2443 Larpenteur Ave W**  
**Lauderdale, MN 55113**

**Located off Hwy 280**

