

# Las Vegas Medical and Wellness

1408 S Jones Blvd, Las Vegas, NV 89146 · Phone (702) 576-6056 · Fax (702) 745-8221

## PATIENT REFERRAL FORM

Same-week appointments

**Fax this form and records to (702) 745-8221, or send through Practice Fusion. Please do not email patient information.**

### 1. REFERRING PROVIDER

|                               |                      |                      |
|-------------------------------|----------------------|----------------------|
| Provider name and credentials | Practice             | NPI                  |
| <input type="text"/>          | <input type="text"/> | <input type="text"/> |
| Phone                         | Fax                  | Office contact       |
| <input type="text"/>          | <input type="text"/> | <input type="text"/> |
|                               |                      | Date                 |
|                               |                      | <input type="text"/> |

### 2. PATIENT

|                                                                                                                        |                                                          |                      |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------|
| Patient name                                                                                                           | Date of birth                                            | Patient phone        |
| <input type="text"/>                                                                                                   | <input type="text"/>                                     | <input type="text"/> |
| Preferred language                                                                                                     | Patient is aware of this referral                        |                      |
| <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No |                      |

### 3. INSURANCE

☐ Commercial ☐ Medicare ☐ Medicare Advantage ☐ DOL / OWCP ☐ DEEOIC (white card) ☐ NV workers' comp ☐ Self-pay

|                      |                      |                                           |
|----------------------|----------------------|-------------------------------------------|
| Plan name            | Member ID            | Claim number (DOL, DEEOIC, workers' comp) |
| <input type="text"/> | <input type="text"/> | <input type="text"/>                      |

*We do not contract with Humana or Health Plan of Nevada (HPN), including their Medicare Advantage plans.*

### 4. REFERRED TO

☐ Pulmonology (Dr. Valina) ☐ Nephrology (Dr. Cheta) ☐ Internal medicine ☐ Primary care

☐ Medical weight loss ☐ Psychiatry ☐ Spravato evaluation ☐ Pulmonary function testing (with DLCO)

Priority

☐ Routine (same week) ☐ Urgent (please also call (702) 576-6056) ☐ Hospital follow-up (Spring Valley Hospital)

### 5. REASON FOR REFERRAL

Diagnosis, ICD-10 codes, and clinical question

### 6. RECORDS ATTACHED

☐ Recent office notes ☐ Lab results ☐ Imaging reports ☐ PFT results ☐ Medication list ☐ Hospital discharge summary

### 7. SIGNATURE

|                              |                      |
|------------------------------|----------------------|
| Referring provider signature | Date                 |
| <input type="text"/>         | <input type="text"/> |

**Questions or scheduling: (702) 576-6056 · [wellness@lvmaw.com](mailto:wellness@lvmaw.com) (no patient information by email)**

Monday to Friday, 9 AM to 5 PM · Se habla español · Consult notes go back to the referring provider after each visit.