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REFERRAL INTAKE SHEET

Date: _____

Patient Name: _____

Phone (HM): _____ Phone (WK): _____ Cell: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ SSN: _____

Insurance Name: _____

ID #: _____ GROUP #: _____

Referring Physician: _____

Reason for Referral: _____

Attach a copy of the following documents:

- * Patient Demographics**
- * WC/MVA Claim Info**
- * Current Examination Notes**
- * Current Medication List**
- * Current MRI/X-Ray Reports**
- * Current Lab Reports**