INJURY TREATMENT CENTER
NEW ORLEANS
"THE INJURY RELIEF SPECIALIST"

Scheduling: (504) 509-7400
Fax: (844) 965-9465
info@InjuryandTreatmentCenter.com

TWO Convenient Locations!

East Bank
3714 Airline Dr, Metairie, LA 70001

West Bank
1151 Barataria Blvd, Ste 3300, Marrero, LA 70072

Evaluation/Procedure Referral Form

Date: _____

Please fax or email this referral along with: *****Patient Must Bring Imaging Disk*****

- MRI/CT Reports
- Initial Report

Patient Name: _____ Patient Phone Number: _____

Address: _____

DOB: _____ Date of MVA: _____

Referral: ☐ Patient has prior medical history ☐ Patient had prior accident/injury within 5 years ☐ N/A

Chief Complaint: _____

_____

☐ Evaluation Interventional Pain

☐ Procedure _____

Referring Provider: _____ Phone: _____

_____ Fax: _____
Referring Provider's Signature

Comments/Special Instructions: _____

_____

Guarantor Info: _____ Phone: _____