



Date _____

To: First Available Dr. Justice Dr. Ventura

Referrer Information

Referring Clinician:

Address:

Telephone: _____

Fax: _____

Preferred method of initial report: Fax Mail Report Phone

Patient Information

Patient Name: _____

Date of Birth: _____

Reason for Referral: _____

- Consultation Only
- Consultation and Treatment
- Consultation, treatment, and necessary testing

Please contact this patient at the following number:

Comments:

For RCG Use:

- The above patient is scheduled for an initial consultation on: _____
- Please see the following report.
- The above patient did not contact us for an appointment.