# Injury Care Network, LLC

Provider **WALLACE, D.O.**
Patient **ANGEL, THEODORE**
DOB **9/15/1975** DOL **2/23/2023**
DOS **07/21/2023**

## REFERRAL

☐ **AURORA**: 14111 E. Alameda Avenue | Suite 200 | Aurora, CO 80012 P: (303) 343-1357 | F: (303) 343-3036
☒ **THORNTON**: 8515 Pearl Street | Suite 100 | Thornton, CO 80229 P: (303) 630-0400 | F: (303) 630-0405
☐ **DENVER**: 1250 Sheridan Blvd. | Denver, CO 80232 P: (303) 927-7119 | F: (303) 568-9331

**DIAGNOSES:** **DISCHARGED** ☐

1. As before - L5 radiculopathy (R)
2. L5-S1 Disc Herniation
3. (R) back pain
4. _____
5. _____
6. _____

**RECORDS REQUESTED:**

- ☐ St. Anthony's Central
- ☐ University Hospital
- ☐ Swedish Medical Center
- ☐ Sky Ridge Medical Center
- ☐ Medical Center of Aurora
- ☐ Children's Hospital
- ☐ Other: _____
- ☐ Good Samaritan Medical Center
- ☐ North Suburban Medical Center
- ☐ Littleton Adventist Hospital
- ☐ Lutheran Medical Center
- ☐ Rose Medical Center
- ☐ Specialist: _____
- ☐ Denver Health
- ☐ St. Anthony North
- ☐ Kaiser Permanente
- ☐ St. Joseph's Hospital
- ☐ Porter Adventist Hospital
- ☐ PCP: _____

**REFERRAL FOR ADDITIONAL SERVICES (IN OFFICE):**

- ☒ Physical Therapy: Evaluate and Treat — PT/OT HEP
- ☐ PT-Vestibular
- ☐ Acupuncture: Evaluate and Treat
- ☐ Psychology ☐ Driving Anxiety ☐ Biofeedback ☐ TBI
- ☐ BrainView: Evaluate and Treat ☐ DANA
- ☐ BrainCheck 1 ☐ 2 ☐ 3 ☐
- ☐ BrainCheck Anxiety/Depression 1 ☐ 2 ☐
- ☐ BrainCheck Vision 1 ☐ 2 ☐
- ☒ Chiropractic: Evaluate and Treat
- ☒ Massage Therapy
- ☐ Neuropsych Eval
- ☐ Occulogica - EyeBox 1 ☐ 2 ☐
- ☐ Assess for Trigger Point
- ☐ Regenerative Medicine-PRP ☐ Knee ☐ Shoulder
- ☐ DO/MD Medication Eval
- ☐ Other: _____

one visit for Electrical stim unit

**RESTRICTIONS OR SPECIAL INSTRUCTIONS:**

_____

_____

**REFERRAL FOR ADDITIONAL SERVICES (OUTSIDE OFFICE):**

- ☐ Spine Surgeon
- ☐ Pain Specialist Consultation
- ☐ Physiatrist
- ☐ General Surgeon
- ☐ Podiatrist Surgeon
- ☐ Neurologist
- ☐ Orthopedic Consultation for: _____
- ☐ Injection Specialist _____
- ☐ Dentist/TMJ Specialist
- ☐ Hand Specialist
- ☐ Podiatrist
- ☐ Neuro Optometrist
- ☐ Other: _____

**REFERRAL FOR DIAGNOSTIC STUDIES:**

- ☐ MRI/Type: _____ C-Spine Flex/Ext ☐ 3T/TBI ☐ DTI ☐ SWI ☐ NeuroQuant ☐
- ☐ CT: _____
- ☐ Other: _____ (VNG, Ultrasound, Labs, Etc,)
- ☐ X-Rays: _____

**Follow up in** 3 to 4 **weeks. Next appointment is scheduled for** 8 / 11 / 23 **at** 9 : 00 **AM/ PM.**

WALLACE
**(PROVIDER)**

7-21-23
**(DATE)**