Injury Care Network, LLC

Provider WALLACE, D.O. / REZA,FNP
Patient ANGEL, THEODORE
DOB 09/15/1975 DOL 02/23/2023
DOS 05/05/2023

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. HA
2. CTTL
3. (R)SI5/(R)Hip, (R) Knee
4. Bilat shoulder M/L
5. Sleep
6. Anxiety

RECORDS REQUESTED:

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

REFERRAL FOR ADDITIONAL SERVICES (IN OFFICE): schedule Mondays

☑ Physical Therapy: Evaluate and Treat C
☐ PT-Vestibular
☑ Acupuncture: Evaluate and Treat if able to
☑ Psychology ☐ Driving Anxiety ☐ Biofeedback ☐ TBI
☐ Neuro Optometrist
☐ Podiatrist
☐ BrainCheck 1 ☐ 2 ☐ 3 ☐
☐ BrainCheck Anxiety/Depression 1 ☐ 2 ☐
☐ BrainCheck Vision 1 ☐ 2 ☐
☑ Chiropractic: Evaluate and Treat C
☑ Massage Therapy C
☐ Neuropsych Eval ☐ Cognitive Screening
☐ Occulogica - EyeBox
☐ Consult for Delayed Healing ☐ Assess for Trigger Point
☐ Regenerative Medicine - PRP ☐ Knee ☐ Shoulder
☐ DO/MD Medication Eval
☐ Other: _____

Hold per PT

RESTRICTIONS OR SPECIAL INSTRUCTIONS:

_____

_____

REFERRAL FOR ADDITIONAL SERVICES (OUTSIDE OFFICE):

☐ Spine Surgeon
☐ Pain Specialist Consultation
☐ TMJ Specialist
☐ General Surgeon
☐ Podiatrist Surgeon
☐ Orthopedic Consultation for: _____
☐ Neurologist
☑ Injection Specialist IE pending unity to get scheduled
☐ Dentist
☐ Hand Specialist
☐ 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 4-5 weeks. Next appointment is scheduled for 06/02/2023 at 8 :00 AM/PM. Rev Telehealth

_____ 05-05-2023