Injury Care Network, LLC

Provider **WALLACE, D.O.**
Patient **ANGEL, THEODORE**
DOB **09/15/1975** DOL **02/23/2023**
DOS **04/07/2023**

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:

1. Concussion
2. C-T-L Strain
3. bilat Shoulder Strains
4. Rt Leg Pain / HA
5. S/P radiculopathy
6. Herniated Lumbar - L5-S1 known disc

DISCHARGED ☐

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-Vestibular
☒ Acupuncture: Evaluate and Treat
☒ 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
☒ Massage Therapy
☐ Neuropsych Eval ☐ Cognitive Screening
☐ Occulogica - EyeBox
☐ Consult for Delayed Healing ☐ Assess for Trigger Point
☐ Regenerative Medicine - PRP ☐ Knee ☐ Shoulder
☐ DO/MD Medication Eval
☐ Other: _____

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 After T spine MRI
☐ Dentist
☐ Hand Specialist
☐ Other: _____

REFERRAL FOR DIAGNOSTIC STUDIES:

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

Follow up in 4 **weeks. Next appointment is scheduled for** 05 / 05 / 23 **at** 8 : 00 **AM/ PM.** Telehealth

WALLACE
(PROVIDER)

4-7-23
(DATE)