

Name: Joseph T Zorc (M) **Chart No:** 2028 **DOB:** 10/4/2005
Provider: Daigle **Date:** 09/26/2024

Patient Referral Form

University Health Services

McCosh Health Center, Princeton, NJ 08544
PHONE: (609) 258-3141 FAX:(609) 258-1355

Patient Name: Zorc, Joseph

Date of Birth: 10/04/2005

Section I – Completed by University Health Services

Date of Referral: September 26, 2024

Referral Diagnosis: Bilateral shoulder pain

Referred To: Specialty: Physical Therapy Referral

Reason For Referral/History: Mens baseball SA

History of shoulder impingement and SLAP tear

Request for evaluation and treatment

Use all modalities as indicated including manual, grastin, cupping, dry needling, heat, STIM and HEP

Referred By: Daigle, Brandon DO (NPI 1104485416)

PLEASE FAX RESULTS TO: (609) 258-1355

Consulting physician evaluation and comments: _____

Consulting Practitioner: _____
(Please Print) Authorized Signature

Section II

Notice: PRIOR REFERRAL IS MANDATORY

Notice All Patients: It is your responsibility to understand your insurance coverage.

FOR STUDENTS ON THE SHP:

1. If the physician to whom you are being referred recommends you see another physician/provider, or request further testing or a follow-up appointment, you are not required to obtain a new referral. This referral is only good for the number of visits indicated above or for a 12-month period.

Student Health Plan Info:
Aetna Student Health
P.O. Box 981106
El Paso, TX 79998-1106
1.877.437.6511

Signed by: Brandon Daigle on Sep-26-2024 at 05:36 PM

Locked by: Brandon Daigle on Sep-26-2024 at 05:36 PM