

## FAX REFERRAL 605-799-8184

2111 Airpark Drive Redding, CA 96001

## Theodore E. Workman, Jr., M.D.

Board Certified in Pain Medicine, Anesthesiology and Addiction Medicine

Licensed Discseel Provider

Licensed Discseel Provider		
Date:		
Patient Name:	DOB:	
Contact Phone:	Alternate Phone:	
Reason For Referral:		
Referring Provider :	Phone:	_
Primary Care Provider:	Phone:	
Include documents related to area of p	pain or dysfunction:	
Most Recent: Provider's note, Patient Diagnostic Reports: MRI, X-Ray, CT, El Records of Related Therapies: Consult	<u> </u>	
Treatments offered:	Autologous Bone Marrow Concentrate)	
		-

Office: 530.404.3470 Fax: 605.799.8184

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