



Where comfort and compassion come together.

New Patient Referral Form

Thank you for the referral. Please fax this form to (352) 433-4558 OR scan and email this form to appointments@comfortcompassion.com. Please include a copy of the patient's face sheet or insurance card (front and back), in addition to completing the information below. **IMPORTANTLY**, please include your **MOST RECENT CLINIC NOTE**, along with **ANY IMAGING RESULTS** over the last two years. If there are any questions please call 352-888-PAIN.

Patient Name _____

Preferred Phone Number _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ SSN _____ Gender _____

Primary Insurance Company _____

ID Number _____ *Please include a copy of the card

Secondary Insurance Company _____

ID Number _____ *Please include a copy of the card

Referring Physician _____

Phone Number _____ Fax Number _____

Please indicate to which doctor you are referring: Brent Stewart M.D. (Pain Medicine)

Jeffery Borkoski M.D. (Neurology)

★ Diagnoses:

★ Please describe how you would like us to help the patient (i.e., medication management, medical marijuana, ketamine treatment, stem cell / PRP / exosome therapy, EMG/NCS, Botox, etc.):

★ Is there a specific procedure (i.e. epidural, vertebroplasty, spinal cord stimulator) requested?