



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.

Patient Name _____

Preferred Phone Number(s) _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ SSN _____ Sex _____

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)

Jeffrey Borkoski, M.D. (Neurology)

★ Diagnoses:

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

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