

Amputee Clinic

SIGN-UP FORM

Jovana Rehabilitation Medicine & Pain
Phone: 210-474-6788 • Fax: 210-571-1724

Hill Country Orthotics & Prosthetics
Phone: 210-614-8777 • Fax: 210-694-4581

1) Patient Information

Name				DOB	Phone Number 1		Phone Number 2	
Address Line 1			City	State	ZIP	Sex		
Primary Insurance Provider				Member ID #		Relationship to Subscriber		
Secondary Insurance Provider				Member ID #		Relationship to Subscriber		

2) Appointment Request

• **Select the services** you would like to receive.

• **Choose a date** for your appointment.

• **Choose how you would like to be contacted.**

Phone call

Text message

Email

These forms are DUE BY 1st .
or your appointment will be scheduled for the following month.

3) Referral for Office Visits (PM&R)

FAX TO 210-571-1724

Name				DOB	Sex	Phone Number 1		Phone Number 2	
Primary Insurance		Member ID	Relationship	Address			City	State	ZIP
Referral to <u>Jovana Rehabilitation Medicine & Pain</u> for: 99204: New patient office or other outpatient visit. 99214: Established patient office visit.									
Provider Signature			Provider Name			Credentials	NPI	Date	

4) Referral for Prosthetic Evaluation

FAX TO 210-694-4581

Name				DOB	Sex	Phone Number 1		Phone Number 2	
Primary Insurance		Member ID	Relationship	Address			City	State	ZIP
Referral to <u>Hill Country Orthotics & Prosthetics</u> for prosthetic evaluation.									
Provider Signature			Provider Name			Credentials	NPI	Date	