



PATIENT REFERRAL

LEXINGTON

2416 Regency Rd
Lexington, KY 40503
P: 859-278-1316
F: 859-276-3847

RICHMOND

2187 Lexington RD, Ste B1
Richmond, KY 40475
P: 859-278-1316
F: 859-276-3847

SOMERSET

110 Hardin Ln
Somerset, KY 42503
P: 859-278-1316
F: 859-276-3847

REQUIRED DOCUMENTATION

Date: _____

To ensure a smooth referral process, please include the following items when submitting this form (if applicable):

1. 3 Most Recent Office Visit Notes
2. Medication List
3. Diagnostic Reports Within The Last 24 Months
4. Front/Back Of Insurance Card
5. Insurance Referral (If Applicable)

Check if applicable: Workers' Compensation Motor Vehicle Accident

PATIENT INFORMATION

Name: _____ DOB: _____ Insurance Carrier: _____

Address: _____ City/State/Zip: _____

Home #: _____ Work #: _____ Mobile #: _____

Insurance ID #: _____

Diagnosis: _____

REFERRING PHYSICIAN

Name: _____ Practice: _____ NPI #: _____

Address: _____ City/State/Zip: _____

Phone #: _____ Fax #: _____ Office Contact: _____

REQUEST: _____

LEXINGTON

______ Rebecca Freeland, MD
______ Lauren Larson, MD
______ Christopher Lyon, MD
______ Peter Wright, MD
______ First Available

RICHMOND

______ Rebecca Freeland, MD
______ First Available

SOMERSET

______ Christopher Lyon, MD
______ Peter Wright, MD
______ First Available