



Referral to Harmonious Living Chiropractic: Fitness & Wellness Center

Download, print, complete and return via fax to our office.

Referring Provider Information

Name (First and Last): _____ Credentials: _____

Practice Name: _____

Office Address: _____

NPI: _____ Phone: _____ Fax: _____

Patient Information

Name (First, Middle and Last): _____ DOB: _____ Sex: _____

Email: _____ Cell Phone: _____

Insurance Carrier Name (if available): _____

Member Number: _____ Group Number: _____

Reason for Referral

- Evaluation and Treatment Motor Vehicle Accident Workers' Compensation
 Consultation Litigation Other: _____

Pertinent Clinical Information

In the space below, please provide any pertinent health and/or medical information, including diagnosis, etc.

We will contact your office once an appointment is scheduled.

Thank you referring your patient to Harmonious Living Chiropractic: Fitness & Wellness Center.

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