



updated 9/30/11

Fax Referral

Eric D. Grahling, M.D.
440 New Britain Avenue
Plainville, CT 06062

Tel: 860-793-0500
Fax: 860-793-1116

www.ctpaindoc.com

Date: _____

Patient Name: _____ PT DOB: _____ SSN: _____

Patient Address: _____

Home Phone # _____ Work # _____ Cell # _____

Request for Consultation: _____

Requesting Physician: _____ NPI #: _____

Requesting Physician Address: _____

Phone # _____ Fax # _____ Email: _____

Primary Care Physician: _____

Primary Care Address: _____

Phone # _____ Fax # _____ Email: _____

Please note: We must have Insurance/ Work Comp / MVA / Attorney Information

Insurance Type: Private Workman's Comp Motor Vehicle Accident Atty, Letter of Protection

Insurance Carrier-Primary: _____ Claim #/ID#: _____
(WC MVA)

For WC/MVA, Adjuster Name: _____ Date of Injury/Loss: _____

Adjuster Phone # _____ Fax: _____

Insurance Carrier-Secondary: _____ ID#: _____

Special Instructions: _____

