



LEMMAK
HEALTH

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Dr. Robert Sorrell
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Dr. Loren James

Dr. Lawrence Lemak
Rodney Huffstutler, DC, CRNP
Dr. Kavita Iyengar

Referring Physician:

Referring Office Phone/Fax Number:

Patient Being Referred For:

Patient name: _____ DOB:

Patient phone number:

Insurance provider:

Prior studies and images:

LEMMAK OFFICE USE ONLY

Appointment scheduled for:

Confirmation of appointment faxed to:

Date/Time:

Please fax all pertinent clinical information, including demographics.