

Announcement! We are now offering Speech
Therapy Services in Clemmons and Pilot Mountain!



Propel Pediatric Therapy

1130-D Snow Bridge Lane
Kernersville, NC 27284
336-904-0467

6346 Cephis Dr
Clemmons NC 27012
336-893-6383

106 N Key Street
Pilot Mountain, NC 27041
336-444-4006

855-928-4949 (fax)

Referral Form for Services

Date: _____

Circle Discipline Requested: Physical Therapy Occupational Therapy Speech Therapy

Preferred Location: Kernersville (PT only) Clemmons (PT/OT) Pilot Mountain (PT/OT)

PATIENT INFORMATION:

Patient Name (first, last): _____

DOB: _____ Gender: _____

Address: _____

City, State, Zip: _____

Phone: _____ Secondary Phone: _____

RESPONSIBLE PARTY INFORMATION:

Name: _____

Email Address: _____

INSURANCE INFORMATION:

Carrier Name: _____ Policy Number: _____

Group Number: _____ Subscriber: _____

Subscriber DOB: _____ Patient Relationship to Subscriber: _____

PEDIATRICIAN/PHYSICIAN INFORMATION:

Pediatrician Name: _____ Individual NPI: _____

Pediatrician Office Name: _____

Phone: _____ Fax: _____

Reason for Referral: _____

PLEASE FAX THIS FORM WITH CURRENT COPIES OF INSURANCE CARDS, CURRENT DEMOGRAPHIC FACE SHEET, AND ANY ASSOCIATED MEDICAL RECORDS. THANK YOU FOR YOUR REFERRAL.