



REFERRAL

Center for Referral (check one):

- | | | | |
|---|--------------------|---|--------------------|
| <input type="checkbox"/> Atlanta, GA | Fax (678) 494-7990 | <input type="checkbox"/> Las Vegas, NV | Fax (702) 233-6601 |
| <input type="checkbox"/> Boston, MA | Fax (781) 398-1890 | <input type="checkbox"/> Norwalk, CT | Fax (203) 854-4698 |
| <input type="checkbox"/> Cleveland, OH | Fax (440) 260-9702 | <input type="checkbox"/> Philadelphia, PA | Fax (610) 337-2654 |
| <input type="checkbox"/> Dallas, TX | Fax (972) 980-3730 | <input type="checkbox"/> Pittsburgh, PA | Fax (412) 922-1127 |
| <input type="checkbox"/> Denver, CO | Fax (720) 488-4933 | <input type="checkbox"/> Portland, OR | Fax (503) 439-8400 |
| <input type="checkbox"/> Detroit, MI | Fax (248) 813-8979 | <input type="checkbox"/> Salt Lake City, UT | Fax (801) 266-1610 |
| <input type="checkbox"/> Fort Worth, TX | Fax (817) 924-6060 | <input type="checkbox"/> Seattle, WA | Fax (425) 889-0679 |

Referring Physician: _____ Referral Date: _____

Phone: _____

Patient Information

Name: _____ Date: _____

Address: _____ M _____ F _____

Phone: _____

Patient Condition:

Corporate Office
Fibromyalgia & Fatigue Centers, Inc.
16415 Addison Road, Suite 600, Addison, TX 75001
972-788-4001 or 866-443-4276