



Golden State Medical, Inc.

PATIENT REFERRAL INFORMATION
FAX TO (530) 885-3631

Date: _____

Patient Name: _____

Address (Including Apartment Number if Applies): _____

City, State and Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Date of Birth: _____ Social Security Number: _____

Referring Doctor: _____ Doctor's Telephone: _____

Diagnosis: _____ (Send Copy of Prescription)

Equipment Requested: _____

Size and/or Color if Needed: _____

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Insurance Company: _____ Telephone Number: _____

Contact: _____ Claim Number: _____

Date of Injury: _____ Employer: _____

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Check all that apply: _____ Send equipment to the clinic
_____ Send equipment to the patient's home
_____ Golden State Medical to do the delivery and set up

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Referral Source Information:

Clinic name and location: _____

Contact person and telephone number: _____

200 Linden Street, Suite 100, Auburn, CA 95603

(530) 885-0981 • (800) 696-2900 Toll-Free • (530) 885-3631 Fax