Thank You for choosing Rebound for your patient.

In an effort to expedite your patient’s referral and appointment scheduling please refer to the following requests:

Referrals may be sent:

1. **On your referral form - if so, please include the following:**
   - The first and last name and contact information of the provider making the referral
   - Exact reason for the referral
   - Laterality (what side? Left or right)
   - Date of injury (if any)
   - Updated demographics and insurance information/copy of card if you have it (if it’s an injury please make sure it’s the insurance pertaining to the injury, i.e. MVA or L&I
   - Interpreter request if needed
   - Past imaging information (for what/when/where was it done) – please include the report as well if you have it
   - Study information – i.e. Nerve conduction studies for carpal tunnel patients
   - Most recent chart notes pertaining to reason for referral (all other info is not necessary)
   - If requesting a 2nd opinion please include the operative report, consultation notes, etc. from the original specialist consult

2. **On our referral form:** We have designed our form to prompt you for all needed/pertinent information to facilitate and expedite the scheduling of your patient with Rebound (form available on our website at [www.reboundmd.com](http://www.reboundmd.com)). Thank you for your help.

The Rebound Referral Team

Contacts:
Orthopedics and Physical Medicine and Rehabilitation: 360-254-6165
Neurosurgery: 360-823-5745
Physical Therapy/Hand Therapy: 360-449-8700