



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 2<sup>nd</sup> 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: 360-449-1056

Neurosurgery: 360-449-1056

Physical Therapy/Hand Therapy: 360-449-8700