



## **Lakewood Functional Restoration Program**

5750 Downey Ave Suite 302. Lakewood, CA 90712

(Office) 714-489-5750 (Fax) 562-724-9845

### **MDE Referral Information**

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Referring Physician: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\*\*\*Please provide letter of medical necessity to be sent with authorization\*\*\*\*\*

Referral reason: Multidisciplinary Evaluation (MDE)

Comments: \_\_\_\_\_

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Referring Physician's signature: \_\_\_\_\_

**FAX TO 562-724-9845**

Your referral is kindly appreciated

If you should need personal assistance or have any questions regarding scheduling an MDE, please call 714-489-5750 and speak to our Authorization Coordinator at Lakewood Functional Restoration Program.