

Provider Referral Form

Fax to 405-842-8290 or call 405-848-7246 and ask for "provider referrals." We contact the patient within one business day.

REFERRING PROVIDER

Provider name

Practice name

Provider type

☐ DC☐ ND / naturopath☐ MD / DO☐ NP / PA☐ Other:

Phone

Fax

Email

PATIENT

Patient name

Date of birth

Referral date

Patient phone

Patient email

☐ Patient knows about this referral and agrees to be contacted by Venturis

REASON FOR REFERRAL (CHECK ALL THAT APPLY)

☐ PRP joint / soft-tissue injection☐ Prolotherapy / prolozone☐ Ozone therapy / EBOO☐ IV nutrient therapy☐ Complex chronic second opinion☐ Specialty lab / RGCC testing☐ Exosome consult (consult only)☐ Other:

Area or condition of concern (e.g., right knee, long COVID, suspected MCAS)

Relevant history, current care, and what you want answered

Records attached

☐ Imaging☐ Labs☐ Visit notes☐ Medication list☐ None attached

REPORT BACK TO ME BY

☐ Fax☐ Email (secure)☐ Mail

Referring provider signature

Date

Our commitment: you stay the patient's primary provider. We contact the patient within one business day, send you a written report within 7 days of the first visit, and return the patient to you for ongoing care. Venturis does not provide chiropractic adjustments or ongoing primary care.

Venturis does not pay for referrals, share fees, or give anything of value in exchange for referrals. Venturis is a direct-pay clinic, and costs are discussed with the patient before any service. Every medical service requires a Good Faith Exam by licensed medical staff. Exosome therapy is discussed at consult only; no exosome product is FDA-approved.

CONFIDENTIALITY NOTICE: This fax contains protected health information intended only for Venturis Clinic. If you received it in error, notify the sender at 405-848-7246 and destroy all copies.