



LORVEN CHILD AND FAMILY DEVELOPMENT

Therapy Referral Form

Fax to (336) 300-7513

<input type="checkbox"/> CP User Name: _____ Password: _____
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- Thomasville/Archdale Pediatrics
 Lexington Office Asheboro Office School

Date of Request: _____
 Client Name: _____ Male Female
 Birth Date: _____ SS#: _____
 Parent or Legal Guardian: _____
 Address: _____
 Phone Number: _____
 School/Daycare: _____ Grade _____
 Primary Insurance: _____ ID#: _____
 Secondary Insurance: _____ ID#: _____

Medicaid:

- AmeriHealth ID#: _____ Healthy Blue ID#: _____
 United Healthcare ID#: _____ WellCare ID#: _____

Referring PCP: _____

Reason for Referral: _____

Be sure to bring: Insurance card Custody paperwork if applicable

Lexington:
 264 Greensboro Street Ext.
 Lexington, NC 27295
 (336) 236-7347 (office)
 (336) 300-7513 (fax)

Asheboro:
 350 N. Cox Street, Suite 25
 Asheboro, NC 27203
 (336) 236-7347 (office)
 (336) 300-7513 (fax)