



# Western Berks

Physical Therapy & Wellness Center

FAX to Western Berks Physical Therapy & Wellness Center

**Robesonia - 610-589-2232**  
**Wyomissing - 610-396-9242**  
**Laureldale - 610-370-7928**

1011 W. Penn Avenue, Robesonia, PA 19551 · P: (610) 589-2263 · F: (610) 589-2232  
1405A Penn Avenue, Wyomissing, PA 19610 · P: (610) 396-9278 · F: (610) 396-9242  
3212 Kutztown Road B, Laureldale, PA 19605 · P: (610) 370-7817 · F: (610) 370-7928  
**www.WesternBerksPT.com**

## EZ Fax Referral Form

PLEASE SCHEDULE THE FOLLOWING PATIENT IN THE  ROBESONIA  WYOMISSING  LAURELDALE OFFICE.

PATIENTS NAME: \_\_\_\_\_ DIAG./BODY PART: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ INJURY DATE: \_\_\_\_\_ SS#: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SEX: \_\_\_\_\_

IS THIS A WORKER'S COMPENSATION? YES NO **OR** A MOTOR VEHICLE ACCIDENT CLAIM? YES NO

SUBSCRIBER NAME & BIRTHDATE: \_\_\_\_\_ RELATIONSHIP TO PATIENT: \_\_\_\_\_

PRIMARY INSURANCE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

SSN/CLAIM #: \_\_\_\_\_ GROUP NAME/#: \_\_\_\_\_

ADJUSTER NAME & NUMBER (IF WC/AUTO CLAIM): \_\_\_\_\_

*\*PLEASE ATTATCH A REFFERAL FOR AMERIHEALTH MERCY AND AETNA INSURANCES.*

SECONDARY INSURANCE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

MEMBER ID #: \_\_\_\_\_ GROUP #: \_\_\_\_\_ POLICY HOLDER: \_\_\_\_\_

REFERRING PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX #: \_\_\_\_\_

CONTACT NAME TO CONFIRM APPOINTMENT AT DOCTOR'S OFFICE: \_\_\_\_\_

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### FOR WESTERN BERKS PHYSICAL THERAPY & WELLNESS CENTER USE ONLY

\_\_\_\_\_ HAS BEEN SCHEDULED ON \_\_\_\_\_

AT \_\_\_\_\_ AM/PM AT THE ROBESONIA/WYOMISSING/LAURELDALE OFFICE.

**THANK YOU!**