

ALLEN E. GORDON, M.D., P.A.  
ORTHOPEDIC SURGERY  
SUITE J  
4700 SHERIDAN ST.  
HOLLYWOOD, FLORIDA 33021  
TELEPHONE 305-653-8000

FAX 305-675-0162  
E-MAIL aegordon@msn.com  
VISIT US ON THE WEB AT [www.alengordonmd.com](http://www.alengordonmd.com)

PATIENT REFERRAL FOR EMERGENCY MEDICAL DETERMINATION

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's name

\_\_\_\_\_  
Doctor name

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name of insured, if not patient

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date of accident

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
PIP insurance company

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Claim number

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Policy number

\_\_\_\_\_  
Attorney name

\_\_\_\_\_  
PIP Deductible

\_\_\_\_\_  
Attorney address

\_\_\_\_\_  
Med pay?

\_\_\_\_\_  
Attorney phone number