



*A place for non-surgical treatment
of back and neck pain and other
musculoskeletal issues*

Request for Consultation

Today's Date: _____

Patient Information

Patient Name: _____

Date of Birth: _____ Phone: _____

Address: _____

Referral Information

**Evaluate and Treat for Pain Management if necessary
AND/OR Physical Therapy Evaluate and Treat if necessary**

Diagnosis Code (for physical therapy only): _____

Requesting Doctor: _____

Requesting Doctor Phone: _____

Requesting Doctor Signature: _____

Reason for Referral: _____

Claim Information

Type of Claim (Circle One): Auto Work Comp Other

Insurance Name: _____

Claim Number: _____

Date of Injury: _____

Attorney Name: _____

Submit Referral

Fax: (651) 888-2611

Email: admin@mipmclinics.com

Phone: (651) 433-7266

Please provide **any related imaging** if you have it, and **first and last visit note** with referral, if possible.

Contact Us

2780 Snelling Ave N
Suite 304
Roseville, MN 55113

12400 Portland Ave S
Suite 110
Burnsville, MN 55337

Phone: (651) 815-8155
Fax: (651) 888-2611
www.mipmclinic.com