

LOK Clinic – Referral Form

1818 E Desert Inn Rd., Las Vegas, NV 89169

Email: frontdesk@lokclinic.com

Hours: Mon–Fri 7:00 AM–5:00 PM | Mon–Sat 7:00 AM–12:00 PM

PATIENT INFORMATION

Patient Name:	
Date of Birth:	
Phone Number(s):	
Email:	
Reason for Referral:	

LEGAL / CASE INFORMATION (if applicable)

Law Firm:	Attorney:
Case Manager:	
Phone:	Email:

REFERRING PROVIDER INFORMATION

Referring Provider:	
Contact Person:	
Phone:	Fax:

Please email this completed form along with any relevant medical records (MRI, X-rays, reports, etc.) to frontdesk@lokclinic.com.