



## Fax Referral Form

Fax To:

517-659-5934

Date of Referral: \_\_\_\_\_

Referring Provider: \_\_\_\_\_

Name of person referred: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Reason for Referral:

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Special Requests:

Upon receipt of this fax, the Therapy Today team will contact the client and schedule an appointment with them. You will receive a fax confirmation of the appointment.

4572 S. Hagadorn Rd, Suite 1-C  
East Lansing, MI 48823  
(517)481-2133

2020 Hogback Rd, Suite 18  
Ann Arbor, MI 48105  
(517)481-2133