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Today's Date _____ Referring Doctor _____ Office Phone _____

Introducing (*include nickname if used*) _____

Patient Phone _____ Patient Email _____

Reason for Referral _____

Xrays: Take Xrays _____ PT Bringing _____ Emailing _____

Emails: lvperiocharleston@s1p.com

lvperiohenderson@s1p.com

lvperiorampart@s1p.com

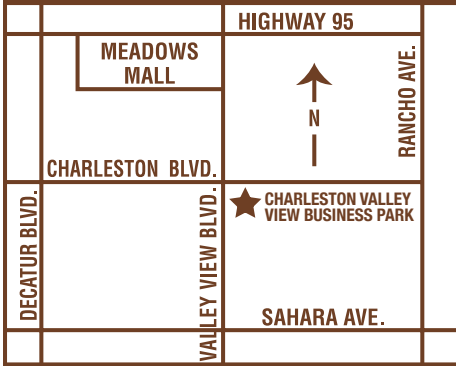
Patients: Complete your forms before your visit with us!

1. Go to **www.lvperio.com** 2. Click **Patient Center** 3. Click **Patient Online Forms** or see **New Patient Forms**.

Appointment Date _____ Appointment Time _____ **Thank you for your referral!**

Directions & Contact Info. —>

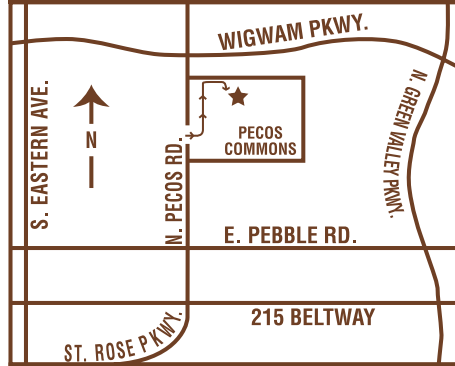
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Scan for directions

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Las Vegas, NV 89102
P. 702.259.1943 • F. 702.877.2727
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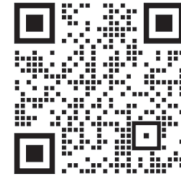
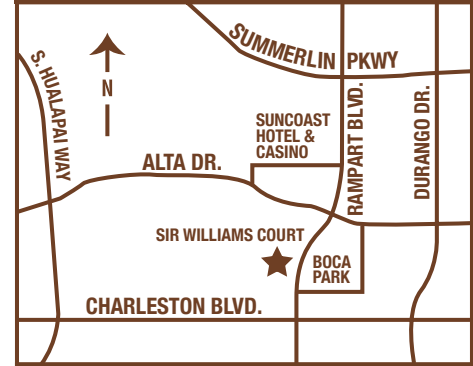
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