

Dr. Baptiste Marino, MD
Dr. Gerald Aronoff, MD
Debra Knuckles, FNP-C
Paul Fagan, PA-C
Kristi Dougan, AGNP-C



Jennifer Sager, OT/CHT
Yesenia Stavros, OT/CHT
Julie Brace, PT, DPT
Amber Chewning PT, DPT

Matthews Location

9723 Northeast Parkway, Suite 100
Matthews, NC 28105
Phone (980) 262-3007
Fax (980) 262-3528

Gastonia Location

1044 X-Ray Drive
Gastonia, NC 28054
Phone (980) 304-1616
Fax (980) 262-3528

Kannapolis Location

2610 Dale Earnhardt Blvd
Kannapolis, NC 28083
Phone (980) 391-5520
Fax (980) 262-3528

Rock Hill Location

1674 Cranium Drive, Suite 103
Rock Hill, SC 29732
Phone (839) 247-1450
Fax (980) 262-3528

Physician/Therapy Appointment Request By Fax (980) 262-3528

- | | |
|--|--|
| <input type="checkbox"/> Pain Management | <input type="checkbox"/> Occupational Therapy / Certified Hand Therapy |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Functional Restoration Program |
| <input type="checkbox"/> Pelvic Floor Rehabilitation | <input type="checkbox"/> Lymphedema Management |

Date: _____ Referring Office Contact Person: _____

Referring Physician: _____

Telephone #: _____ Fax #: _____

PATIENT INFORMATION – Complete only if not attaching demographics sheet

Patient's full name: _____ Email: _____

Address: _____ State: _____ Zip Code: _____

Home phone #: _____ Daytime phone #: _____

DOB: _____ Gender: ☐ Male ☐ Female

APPOINTMENT INFORMATION

Type of injury (body part): _____

Desired timeframe for patient appointment: _____ ☐ First available appointment

INSURANCE INFORMATION – please attach copy of front and back of insurance card

Insurance Company Name: _____ Customer Service Phone #: _____

Subscriber ID#: _____ Group #: _____