



**James Petros, MD**  
**Parish Vaidya, MD**  
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**Sloane Yu, MD**

Patient:

Date:

Date of Birth:

Phone:

**Please fax a copy of patient insurance card and existing diagnostic reports**

Referring Physician:

Office Phone:

Reason For Referral/Additional Comments:

Interventional Pain Management  
Musculoskeletal Rehabilitation  
Electrodiagnostic Testing  
Regenerative Medicine

📞 Offices: (408) 528-8833

🏠 14777 Los Gatos Blvd. Suite 202  
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🏠 2724 Aborn Rd.  
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**Fax To: (408) 528-8557**  
**(408) 827-4171**

The confidence of your referral is greatly appreciated.

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