



THE CENTER FOR MANUAL MEDICINE

&

REGENERATIVE ORTHOPEDICS

"We help you, help yourself"

Doug Frye MD,RMSK– Regenerative Orthopedics
Dani D. Steffen, DC–Chiropractic
C. Matt Elniff PT, FAAOMPT– Physical Therapy
Courtney Simon, PT- Physical Therapy
Seth Harrison, CSCS- Clinic Manager

5000 SW 21ST STREET
TOPEKA, KS 66604
PHONE: 785-271-8100
FAX: 785-271-9257
WEBSITE: www.ctmmm.com

Referral Prior Authorization Form

Here at The Center for Manual Medicine we want to put your health first. Therefore there may come a time in your treatment that our providers recommend that you see another provider who can better assist you on your journey to recovery. We want you to know that you have the power to choose to see our staff or to see an outside provider for one of the following entities.

Chiropractic

Physical Therapy

Medical Doctor/
Regenerative Specialist

By signing this document, you as a patient are acknowledging that you have the option to seek treatment from an outside entity and may choose to seek treatment with one of our specialists at The Center for Manual Medicine and Regenerative Orthopedics for the duration of this treatment plan.

Patient Signature: _____ Date: _____

Witness: _____ Date: _____

** This form expires 3 years from date of signature **