St. Luke's
Physiatry Practice

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Spokane, WA 99202
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Fax: (509) 473-6704

Patient Name:_____ DOB:_____ Phone:_____

Referring Provider:_____ Phone:_____ Fax:_____

___ EMG / NCS

For the following symptom or problem:

_____

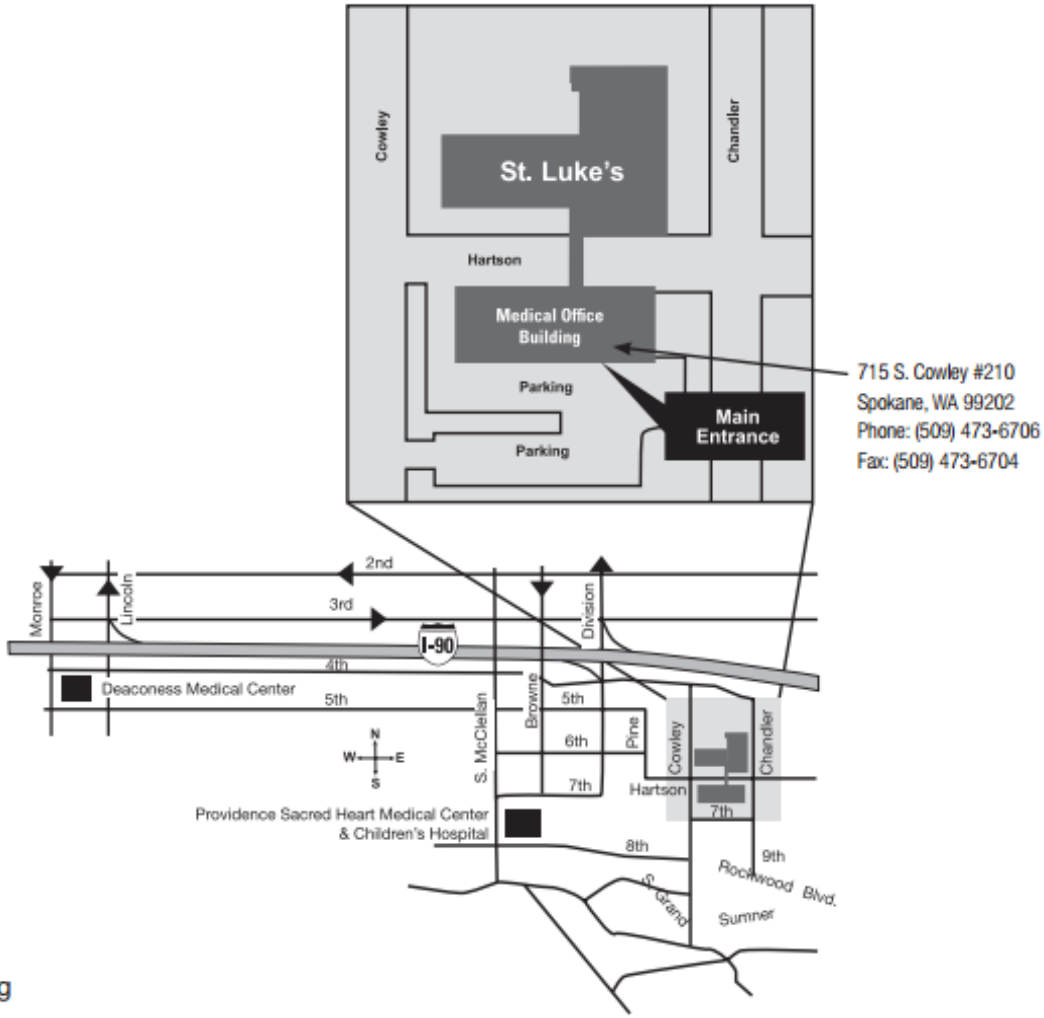
_____

_____

___ Consultation:

For the following symptom or problem:

_____

_____

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