DEPARTMENT OF NAVAJO VETERANS AFFAIRS

CARL T. HAYDEN VAMC, PHOENIX, ARIZONA

REFERRAL TO DIAGNOSTICIAN

1. Name of Veteran: _____

   Social Security No.: _____
   Address: _____
   _____

2. Referral Statement: _____
   _____
   _____
   _____
   _____

   Person Making Referral: _____
   Title: _____
   Work Address: _____
   _____
   Phone No.: _____
   Date: _____

3. Diagnostician Consulted:

   Hand Trembler: _____ Crystal Gazer: _____ Star Gazer: _____

   Name of Diagnostician: _____
   Social Security No.: _____
   Address: _____
   _____
   Date Service Performed: _____

CERTIFICATION

I certify that the diagnostician service indicated above was performed as authorized by the Carl T. Hayden VAMC, Phoenix, Arizona.

Diagnostician: _____ _____
Signature Date

DNVA Certification: _____ _____
Signature Date