



ING Source, Inc.
1720 Tate Blvd. SE
Hickory, NC 28602

Medical Referral Form

Store Name _____ OS1st Rep _____

Referral Guidelines

1. To refer a potential medical professional, including podiatrist, physical therapist, chiropractors, orthopedist or other medical professional please complete this form and return it to your rep, fax it to 828-855-0783, or simply email it back to Sabina Hardy at shardy@ingsource.com
2. We will send out an OS1st retail referral package, complete with the following.
 - Introductory Letter
 - OS1st Catalog
 - OS1st Prescription pad
 - OS1st Measuring tape
 - OS1st Laminated quick reference sheet
 - Store Locator Card

Practice Information

Physician Practice: _____ Address: _____
 Physician Name: _____ Address State: _____
 Email: _____ Telephone: _____

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