

# YOUR REFERRAL

## PATIENT DETAILS

**Gordon Wayne Watts**

Preferred Name :

DOB: **05/16/1966**

Insurance Provider : **HCHCP**

Address: **2046 PLEASANT ACRE DR,  
PLANT CITY, FL 33566-7511**

Group Number :

Contact: **863-688-9880**

Subscriber No : **0000008465**


## Who Are You Seeing



**Kenneth E Rogers**

Chiropractic

,  
7728 Palm River Road, Tampa,  
FL33619

 : 813-630-3600

[See Driving Directions](#)

## When Are You Being Seen

### Referral Details

Start Date

08/29/2023

End Date

12/30/2023

Authorization ID:232411656

11 Visits

Referral  
From

**Brett Frazier, M.D.**

Family Practice | ID Number:591741303 |  
NPI:1891925061

PLANT CITY FAMILY CARE

Address: 801 E. Baker Street,  
340B00129100SCPlant City, FL, 33563-3652  
Contact: 813-349-7600

## REASON FOR REFERRAL

In House Chiropractor, Dr. Rogers

## DIAGNOSIS

M54.50 - Lumbar Pain

## NOTES

Hernandez Garcia-MA, Leticia 08/31/2023 08:16:34 AM >Referral Mailed To Patient And Faxed To Specialist/Facility. Take Insurance Card, Photo ID And This Referral With You To Your Appointment. Please Call To Schedule Your Appointment.