



Fax Referral/Consult Form

For your convenience you may refer a patient by calling our dedicated referral phone line **256.351.8022** or fax this form to our dedicated appointment desk fax line **256.350.8973**. If you wish to refer by fax please answer the following questions.

Referring Physician _____ NPI# _____

Phone _____ Fax _____ Contact _____

Preferred Physician or First Available:

- | | |
|--|---|
| <input type="checkbox"/> First Available | <input type="checkbox"/> Russell Ellis, MD |
| <input type="checkbox"/> Randy Riehl, MD | <input type="checkbox"/> Stacy Tapscott, MD |
| <input type="checkbox"/> Scott Sharp, MD | <input type="checkbox"/> Justin Daigre, MD |

Patient Name _____ DOB _____

Phone _____ Alternate Phone _____

Reason for Referral _____

Insurance Type _____

Does the patient have Xrays, MRI, Nerve Conductions Studies, etc. _____
(Please release to patient any pertinent reports and diagnostic studies including actual films)

Within 24 hours we will contact your patient, schedule the appointment and fax the scheduled appointment information to your contact person listed above.

Scheduled Date and Time _____

We Appreciate Your Referral.

This form is available on our website www.DOCorthopaedic.com