

TOA

TENNESSEE ORTHOPAEDIC ALLIANCE

FAX REFERRAL FORM

Clarksville Office
1000 S. Gateway Blvd., Clarksville, TN 37043
Appointments: 931.552.4340

Fax To: 931.552.0999

**Comprehensive /
General Orthopaedics**
(hand, hip, foot, shoulder, knee)

- ☐ W. Cooper Beazley, M.D.
- ☐ William H. DeVries, M.D.
- ☐ Kurtis L. Kowalski, M.D.
- ☐ Phillip R. Schneider, M.D.

Foot / Ankle

- ☐ W. Cooper Beazley, M.D.
- ☐ William H. DeVries, M.D.
- ☐ Kurtis L. Kowalski, M.D.

**Physical Medicine
and Rehabilitation**

- ☐ Scott M. Miller, M.D.

Hand / Wrist / Elbow

- ☐ W. Cooper Beazley, M.D.
- ☐ Peter M. Casey, M.D.
- ☐ William H. DeVries, M.D.
- ☐ Kurtis L. Kowalski, M.D.

Sports Medicine

- ☐ W. Cooper Beazley, M.D.
- ☐ William H. DeVries, M.D.
- ☐ Kurtis L. Kowalski, M.D.
- ☐ Phillip R. Schneider, M.D.
- ☐ Lucas G. Teske, M.D.

Total Joint Replacement

- ☐ W. Cooper Beazley, M.D.
- ☐ William E. Carpenter, M.D.
- ☐ William H. DeVries, M.D.
- ☐ Kurtis L. Kowalski, M.D.
- ☐ Phillip R. Schneider, M.D.
- ☐ Justin Moo Young, M.D.

Shoulder

- ☐ Lucas G. Teske, M.D.

Spine

- ☐ Lauren M. Nelson, M.D.

DATE: _____

FROM

PHONE: _____

REFERRING MD: _____

FAX: _____

CONTACT PERSON: _____

NUMBER OF PAGES: _____

PATIENT INFORMATION

NAME: _____ DOB: _____

PHONE: _____ CELL: _____ WORK: _____

REFERRED FOR: ☐ **SPINE**

☐ **HIP**

☐ **SHOULDER**

☐ **KNEE**

☐ **HAND / WRIST / ELBOW**

☐ **FOOT / ANKLE**

☐ **OTHER**

DIAGNOSIS: _____

PLEASE FAX PERTINENT MEDICAL RECORDS, TESTS, AND INSURANCE CARDS

FOR TOA STAFF USE

Communication with Patient _____

APPOINTMENT DATE: _____ TIME: _____

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